

BAPTISM INFORMATION

PERSON TO BE BAPTIZED Full Name _____

Date of Birth _____ Place of Birth _____
City State

Gender Male ___ Female ___ Child ___ Adult ___

Date of Baptism _____ Time _____
(with Pastor's approval)

MOTHER'S Full Name _____
First Middle Maiden Last

Address _____
Street Address City State Zip

Phone _____ Church Membership _____

FATHER'S Full Name _____
First Middle Last

Address _____
Street Address City State Zip

Phone _____ Church Membership _____

SPONSORS

CHURCH MEMBERSHIP

NOTES _____

Please print all information and return to the Church Office.