

BAPTISM INFORMATION

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET OR COUNTY RD.) (APT #) (CITY) (STATE) (ZIP)

PHONE # _____ ARE PARENTS MEMBERS? _____

DATE OF BIRTH: _____ CURRENT AGE: _____

PLACE OF BIRTH: _____
(CITY) (STATE)

FATHER'S NAME: _____
(FIRST) (MIDDLE) (LAST)

MOTHER'S NAME _____
(FIRST) (MIDDLE) (LAST)

SPONSORS: _____

HOW MANY PLAN TO ATTEND BAPTISMAL SERVICE? _____

DATE OF BAPTISM: _____ TIME OF BAPTISM: _____

PLACE OF BAPTISM: _____

PASTOR'S SIGNATURE: _____