



BAPTISM FORM

Child's Full name _____

Date of Birth _____

Place of Birth _____

Name of Parent/Guardian 1: _____

Address _____ Phone _____

Baptized? _____ Church Member? _____

(If yes, name & address of church)

Name of Parent/Guardian 2: _____

Address _____ Phone _____

Baptized? _____ Church Member? _____

(If yes, name & address of church)

Date Requested for Baptism _____ Time _____

Sponsors (Godparents?) _____

(If yes, names) _____

Approximate number of family members in attendance _____

This form must be filled out and date confirmed by office before Baptism.