

**First Church**

SANDWICH, UCC

*Caring people. sharing God's love.*



## 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.**