

BAPTISM INFORMATION SHEET

Child's Full Name: _____

Address: _____

Parent's Phone # _____ Parent's E-mail: _____

Date of Birth: _____ Where: _____

Date of Baptism: _____ Where: _____

Time of Baptism: 8 a.m. Service ____ 9:15 a.m. Service ____ Following Service ____

Other _____

Parents: Father _____ Member Y N

Mother _____ Member Y N

Mother's Maiden Name _____

Sponsors: _____
