



Information for Baptismal Record
(Please Print)

Date of Baptism: _____ Worship Service: 9:00 11:15 Other

Family Name: _____

Infant / Child's Full Name: _____ Male: ___ Female: ___

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____

Baptized: ___ Church: _____

Mother's Full Name: _____
(Including Maiden Name)

Baptized: ___ Church: _____

Home Address: _____

Email: _____ Phone Number: _____

Maternal Grandparents: _____

Paternal Grandparents: _____

Godparents / Sponsors: _____

Why do you want your child baptized? _____

Other Information: _____

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Office Use Only

- | | |
|------------------------------------|----------------------------|
| ___ Certificate Prepared | ___ Minister Copy |
| ___ Membership Record Posted | ___ Date / Church Calendar |
| ___ Published in bulletin | ___ 9:00 11:15 Other |
| ___ Music Director/ Worship Leader | ___ Minister Contact |