

BAPTISM INFORMATION FORM

(Please Print All Information)

Child's Full Name _____
LAST NAME, First Middle

Date of Baptism _____

Location for Baptism _____

Child's Date of Birth _____ Month _____ Day _____ Year

Child's Place of Birth _____
Hospital City County State

Parent's/ Guardian's Full Names

Father: _____
LAST NAME, First Middle

Father's Date of Birth _____ Place of Birth _____

Mother: _____
LAST NAME, First Middle (Maiden)

Mother's Date of Birth: _____ Place of Birth _____

Address _____ City ST Zip Code

Phone No: _____ Cell: _____

e-mail: _____ Other: _____

Sponsor: _____
LAST NAME, First Middle

Sponsor: _____
LAST NAME, First Middle

Sponsor: _____
LAST NAME, First Middle

Officiating Pastor: _____
Title First Middle (Initial) LAST NAME