

Baptism Information

We desire to have our baby _____
(Entire Given Name)

Baptized during the _____ a.m./p. m. service on _____
(Time) (Date)

Date of Birth _____ Location _____

Father's given name _____

Birth date _____ Baptism Date _____ Confirmation Date _____

Father's Present Church Membership _____

Mother's Maiden name: _____

Birth date: _____ Baptism Date: _____ Confirmation Date: _____

Mother's Present Church Membership _____

Parent's Wedding date _____ Location _____

Address of Parents _____

Phone Number: Home: _____ Work: _____

Father Cell: _____ Mother Cell: _____

E-mail: _____

SPONSORS: Name Church Membership (Name and Place)

Sibling Information:

Name _____ M / F Date of Birth _____ Baptism Date _____

Name _____ M / F Date of Birth _____ Baptism Date _____

Name _____ M / F Date of Birth _____ Baptism Date _____

Name _____ M / F Date of Birth _____ Baptism Date _____

(Please include full given name at time of birth and married name if applies.)

Grandparents Information:

Father's Parents Names _____ & _____
Father Mother's Maiden Name

Mother's Parent's Names _____ & _____
Father Mother's Maiden Name

(over)

