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:_____

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)

IN THE SPACE PROVIDED BELOW PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN UPDATING AND RECORDING INFORMATION IN OUR FILES.