



BAPTISM INFORMATION FORM
(ADULT)

Today's Date: _____

CANDIDATE INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(No. & Street Name) (City) (State) (Zip)

DATE OF BIRTH: ____/____/____ HOME PHONE: _____

CELL PHONE: _____ E-MAIL: _____

WORK PHONE: _____ FAX: (If available) _____

FAMILY INFORMATION

MARITAL STATUS: (Check One) Single Married Divorced

IF MARRIED, SPOUSE'S NAME: _____

DATE OF MARRIAGE: _____ MAIDEN NAME: _____

CHILDREN LIVING AT HOME:

<u>NAME</u>	<u>BIRTHDATE</u>	<u>BAPTIZED</u> (When & Where)	<u>SCHOOL/ GRADE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REQUESTED BAPTISM DATE: _____

REQUESTED BAPTISM TIME: (Check one) 9:30 Worship or 11:00 Worship

REQUESTED STYLE : _____
(Immersion or Sprinkling)

Date and time of baptism must be confirmed with the church office

*****For Church Use Only*****

DATE BAPTIZED: _____ Certificate Given: _____

PASTOR: _____ Copy Filed: _____