



**BAPTISM INFORMATION FORM
(CHILD)**

Today's Date: _____

CANDIDATE INFORMATION

CHILD'S FULL NAME: _____
First Middle Last

DATE OF BIRTH: ____/____/____

PLACE OF BIRTH: _____
(Hospital)

(City) (State)

PARENT'S INFORMATION

MOTHER'S INFORMATION

First Middle Last

ADDRESS: _____

(City) (State) (Zip)

* MOTHER'S MAIDEN NAME: _____ *

HOME PHONE: () _____

CELL PHONE: _____

WORK PHONE: () _____

SPONSOR INFORMATION

NAME: _____

PHONE: _____

Requested Baptism Date: ____/____/____

Requested Baptism Time: (choose) 9:30 Worship 11:00 Worship

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

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

DATE BAPTIZED: _____

Certificate Given: _____

PASTOR: _____

Copy Filed: _____