



Please complete all information. Please write legibly.

Person to be Baptized

Full Name: _____ Date of Baptism: _____

Date of Birth: _____ Service Time: _____

Hospital _____

City: _____ State: _____ Zip Code: _____

Parent(s)

Father's/Mother's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Church Affiliation: _____

Father's/Mother's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Church Affiliation: _____



Please complete all information. Please write legibly.

Sponsor(s)

(1) Sponsor Name: _____

Sponsor Address: _____

City: _____ State: _____ Zip Code: _____

Church Affiliation: _____

(2) Sponsor Name: _____

Sponsor Address: _____

City: _____ State: _____ Zip Code: _____

Church Affiliation: _____

For Office Use Only

Certificate: _____ Altar Care: _____

Pre-Baptismal Meeting: _____