

BAPTISM INFORMATION

NAME:

(FIRST)

(MIDDLE)

(LAST)

ADDRESS:

(STREET OR COUNTY RD.)

(APT #)

(CITY)

(STATE)

(ZIP)

PHONE # _____

ARE PARENTS MEMBERS? _____

EMAIL: _____

DATE OF BIRTH: _____

CURRENT AGE: _____

PLACE OF BIRTH:

(CITY)

(STATE)

FATHER'S

NAME:

(FIRST)

(MIDDLE)

(LAST)

MOTHER'S

NAME

(FIRST)

(MIDDLE)

(LAST)

SPONSORS: _____

HOW MANY PLAN TO ATTEND BAPTISMAL SERVICE _____

DATE OF BAPTISM: _____

TIME OF BAPTISM: _____

PLACE OF BAPTISM: _____

HYMN OF THE DAY _____

PASTOR'S SIGNATURE: _____

To be announced in Sunday's Bulletin.

To be announced in Lifeline.