

**BAPTISM INFORMATION FORM**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First Middle

Mother's Name \_\_\_\_\_  
Last First Middle

Maiden Name \_\_\_\_\_

Sponsors \_\_\_\_\_  
\_\_\_\_\_

*To be filled in by Pastor*

Date of Baptism \_\_\_\_\_

Service Early \_\_\_\_\_ Late \_\_\_\_\_

Other (*specify*) \_\_\_\_\_

Father, member Yes \_\_\_\_\_ No \_\_\_\_\_

Mother, member Yes \_\_\_\_\_ No \_\_\_\_\_

Phone number \_\_\_\_\_