

Baptism Information



Full Name		Date of Baptism	
<input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	Service Time <input type="checkbox"/> Saturday 5:30 p.m. <input type="checkbox"/> Sunday 8:30 a.m.	<input type="checkbox"/> Sunday 9:45 a.m. <input type="checkbox"/> Sunday 11 a.m. <input type="checkbox"/> Monday 7 p.m.
Date of Birth		Pastor	
City and State of Birth			
Mother's Full Name (Please add Maiden Name in parenthesis)		Father's Full Name	
Siblings			
Mailing Address		Home Phone	Cell Phone
City, State, Zip		Email	

Godparents

Names	Relationship	Church Membership

Special Circumstances

At Baptism, the individual becomes a member of this congregation. If you wish to have this membership placed in another congregation, please provide:

Name of Congregation	
Address	City, State, Zip

Note: Please do not take photos during the baptism. Video recording may be used with permission.