

CHILD BAPTISM INFORMATION FORM

Date Form Completed:		Date of Baptism:	Time of Baptism:
Child's Name First		Middle	Last
Birthdate:		Place of Birth: (City/State):	
Mother's Name:		Church Affiliation:	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Name:		Church Affiliation:	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Street Address::		City:	State, Zip
Home Telephone #:		Father's Work #: Father's Cell #:	Mother's Work #: Mother's Cell #:

Family Information

Siblings (include age)		
Sponsors/Godparents		
Name	City	State

Grandparents/Great Grandparents	
Maternal	Paternal

Roughly how many people do you expect to attend the Baptism Service? _____

Email address: _____