

Baptism Information

Today's Date: _____

Date of Baptism: _____

☐ Private Baptism ☐ Sunday In-Person Worship (11:00 am)

Full name of person being baptized: _____

Please mark all applicable:

- | | |
|------------------------------|-----------------------------|
| <input type="radio"/> Male | <input type="radio"/> Child |
| <input type="radio"/> Female | <input type="radio"/> Adult |

Date of Birth & Current Age: _____

Place of Birth (City and State): _____

Father's Name: _____

Mother's Name: _____

Sibling(s)

(Name/Age): _____

Members of Trinity: ☐ Yes ☐ No

Name of Grandparents: (if attending) _____

Name of Godparents: (if attending) _____

Approximate number of guests: _____

Contact Information:

Mailing Address: _____

(address)

(city, state, zip)

Phones: home: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Other Notes: _____