



Baptism Information Sheet

Full Name (First, Middle, Last)	

Infant/Child: Age _____
 Teen: Age _____
 Adult: Age _____

Parent/Guardian #1 Name	Parent/Guardian #2 Name

Grandparent's Names, City & State (Infant/Child Baptism Only)*

Great Grandparent's Names, City & State (Infant/Child Baptism Only)*

Siblings/Friends Names (Infant/Child Baptism Only)*

Place of Birth

Date of Birth

Present Address

Phone Number

E Mail

Service Time	
Traditional Services <input type="checkbox"/> 8:15 <input type="checkbox"/> 10:45	Contemporary Services <input type="checkbox"/> 9:30 <input type="checkbox"/> 10:45

Baptism Date

Pastor Presiding

* Denotes Special Area for Gift that is Given to Infants/Child Baptisms