



BAPTISM INFORMATION FORM

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Home Address: _____
(Street) (City, State, Zip)

Phone Number: () _____

Preferred Date of Baptism: _____

Second Choice Date: _____

Time of Baptism: 8:00 AM 9:30 AM 11:00 AM

Sponsor: _____

Sponsor: _____

Sponsor: _____

Sponsor: _____

The baptism of your child is a sacred event and part of the worship service. Flash photography is not permitted during the baptism. Pictures may be taken following the service.

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