



BAPTISMAL FORM



Child's Name _____
First Middle Last

Birthdate: _____ Gender: _____
Month Day Year

Birthplace: _____
City State

Father's Name _____
First Last

Mother's Name _____
First Last

Parent(s) Address _____

Parent(s) Phone Number _____

Email Address _____

Time of Baptism _____ Date _____ No. of Guests Expected _____

Sponsors _____
First Last

First Last

First Last

Non-member or non-resident families: Please provide the name of the church to which the baptismal record should be transferred.

Church

Address

For Office Use Only:

Copies to: Pastor(s) Sheila Molde