

+HOLY BAPTISM+

Name of Candidate(child/adult)_____

Date of Birth _____

Place of Birth _____

Name of Father _____

Name of Mother _____ (nee _____)

Address _____

Home Phone _____

Email _____

Church Membership

Father _____

Mother _____

Date _____

Place of Baptism _____

Reception _____

Sponsors _____

Witnesses _____

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For office use only:

Officiant _____

Gift _____

Contact ___ Altar Guild ___ Cradle Roll ___ Congregational Record

___ Minister of Music ___ Elder ___ Office Administrator

Please provide a short paragraph about your family to be shared with the congregation:
