

BAPTISMAL INFORMATIONAL FORM

FULL NAME OF CHILD/ADULT TO BE BAPTIZED (As it should appear on the Baptismal Certificate)

Male Female Date of Birth: _____

Place of Birth (City, State) _____

Household Physical Address: _____

Household Mailing Address (if different): _____

Primary Household Email: _____

Primary Household Phone: _____

Proposed Baptismal Date: _____ Number of Guests Expected: _____

Special Needs or Considerations: _____

Full Names of Sponsor(s) if any: _____

Church Affiliation: _____ Members: Yes No

If the individual to be baptized is a child, please complete the items below.

Full name of Parent(s) (as should be included on the baptismal certificate):

Church Affiliation: _____ Members: Yes No

Full name of Maternal Grandparents (please include even in deceased):

Full name of Paternal Grandparents (please include even in deceased):

Actual Baptism Date _____	Office Use	Certificate: <input type="checkbox"/> Completed
Officiant(s): _____		
Deacon(s) Assisting: _____		
Other: _____		