Baptism Information

We desire to have our ba	aby			
		(Entire Given Name)		
Baptized during the		a.m./p. m. service on		
	(Time)		(Date)	
Date of Birth	Location_			
Father's given name				
Birth date	Baptism Date	Confir	rmation Date	
Father's Present Church	Membership			
Mother's Maiden name:				
			Confirmation Date:	
Mother's Present Church	n Membership			
Parent's Wedding date_	Locati	on		
Phone Number: Home:		Work:		
Father Cell:		Mothe	Mother Cell:	
E-mail:				
SPONSORS: Name		Church Membership (Name and Place)		
Sibling Information:				
Name	_ M / F Date of F	Birth	Baptism Date	
Name	M/F Date of F	Birth	Baptism Date	
Name	_M/F Date of Bi	rth	Baptism Date	
Name	M / F Date of B	irth	Baptism Date	
(Please include full given i	name at time of bir	th and married	name if applies.)	
Grandparents Information:		a har fant har fan		
Father's Parents Names		&		
	Father		Mother's Maiden Name	
Mother's Parent's Names		&		
	Father		Mother's Maiden Name (over)	

IN THE SPACE PROVIDED BELOW PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN UPDATING AND RECORDING INFORMATION IN OUR FILES.