

BAPTISM FORM

First name: _____ Middle name: _____ Last name: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell phone: _____ Cell phone 2: _____

Email: _____

Mother's Birth Name: _____

Phone/Cell Number: _____

Current Church Membership: _____

Father's Birth Name: _____

Phone/Cell Number: _____

Current Church Membership: _____

Date of Baptism: _____

Church Service: Saturday 5 PM Sunday 8 AM Sunday 9:30/10:30 AM

Sponsors:

Name: _____

Current Church membership: _____

Name: _____

Current Church membership: _____

Name: _____

Current Church membership: _____

Name: _____

Comments: _____

Return completed form to Parish Office Manager for recording in the Parish Records:

For Office Use Only:

Baptism recorded in: *Servant Keeper* *Church Record Book* *Statistic Book*