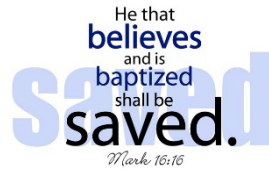


Baptism Information

Today's Date: _____

Date of Baptism: _____

Worship Service time: _____



CHILD'S FULL NAME: _____

First Middle Last

Date of Birth: _____ Gender: Male Female

Birth Place: _____

City State

Sponsors/Witnesses: _____

PARENT INFORMATION

Father's Name: _____

Mother's Name: _____

Parents' Address: _____

City State Zip code

Phone: _____

E-mail: _____

For office use only: (Check when notified)

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Prayer Shawl | <input type="checkbox"/> Bulletin | <input type="checkbox"/> Scrapbook |
| <input type="checkbox"/> Book | <input type="checkbox"/> Candle | <input type="checkbox"/> Certificate/Envelope |
| Copies given to: <input type="radio"/> Karen | <input type="radio"/> Pastor Shoup | <input type="radio"/> Pastor Palmer |
| Info Recorded: <input type="radio"/> Binder | <input type="radio"/> Computer | <input type="radio"/> Member Sheet |

Baptism Pastor: _____