

Baptism Information Form

Name of Person to Be Baptized _____
Last First Middle

Home Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Birth Date _____ Anniversary Date (if married) _____ Male Female

Infant or toddler K – 5th grade 6th – 12th grade Adult

(For an infant, child, or teenage baptism, please supply the following.)

Father's name _____
Last First Middle

Mother's name _____
Last First Middle

(Provide the following for a parent living at a separate address) Father Mother

Home Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

Are you currently a member at a church? Yes No

If so, where? _____

Denomination _____ City _____ State _____

Are you regularly attending a church? Yes No

If so, where? _____

Denomination _____ City _____ State _____

For how long? _____

List a Bible passage you would like us to say at your baptism: _____

List a worship song you'd like us to sing at your baptism: _____

Today's Date _____

Date to Be Baptized _____