

Internal Use Only:

Approved by: _____

Date Approved on: _____

RECORD OF BAPTISM

(Please print full legal names with titles.)

NAME OF CHILD: _____

MALE: _____ FEMALE: _____

DATE BORN: _____

HOSPITAL: _____

CITY: _____

FATHER'S NAME: _____ CHURCH MEMBER: Y / N

MOTHER'S NAME: _____ CHURCH MEMBER: Y / N

MOTHER'S MAIDEN NAME: _____

ADDRESS: _____

E-MAIL: _____

PHONE #: _____ OK to List in Directory? Y / N

CELL #: _____ OK to Publish? Y / N

Baptisms are held during a non-communion weekend service only on the 2nd or 4th weekends of each month or after the 5:00 pm Saturday Service, the 11:00 am Sunday Service or the 7:00 pm Monday service on the 1st, 3rd or 5th weekends.

BAPTISM DATE: _____

SERVICE: 5pm 8am 9:30am 11am | During After

SPONSORS: (Please **PRINT** full **legal** name — no nicknames or shortened versions)

Mr./Mrs./Miss _____

Mr./Mrs./Miss _____

Cradle Roll — A packet of Christian materials for your child's first years will be given to you by Pastor at baptism.