



BAPTISM FORM

Date of Baptism: _____ Pastor Officiating: _____

Baptism Candidate Name: _____

First

Middle

Last

M F Other: _____

Date of Birth: _____ City of Birth: _____

Address of Child: _____

Phone: _____ Email: _____

Parent 1 Name: _____ Phone: _____

Address: _____

Member? Yes No Joining Send Member Info? Yes No

Parent 2 Name: _____ Phone: _____

Address: _____

Member? Yes No Joining Send Member Info? Yes No

Sponsor Name: _____ Phone: _____

_____	_____
_____	_____
_____	_____

Office use:

Baptism Meeting _____	Pastor Approval Date: _____
Date Scheduled: _____	Person Taking Information: _____
Entered in Icon _____	Ascension # Entered in Icon _____ Ascension # _____
Entered in Permanent Record _____	Cradle Roll _____ Ascension # _____