St. John's United Church Baptism Information form

Date Received: _____

DATE OF BAPTISM:

SURNAME OF CHILD_____

GIVEN NAME(S) OF CHILD_____**(male/female)**

DATE OF BIRTH_____ PLACE OF BIRTH_____
(Day/Month/Year)

DO YOU ATTEND CHURCH AT ST. JOHN'S?_____ IF NOT, HOW CAN WE INCLUDE YOUR FAMILY IN THE LIFE OF OUR CHURCH?_____

FATHER'S NAME_____

OCCUPATION: _____ BAPTISED: Y / N

MOTHER'S NAME (***INCLUDE*** MAIDEN NAME) _____

OCCUPATION: _____ BAPTISED: Y / N

PARENT'S ADDRESS_____

_____

HOME TELEPHONE #_____EMAIL _____

BUSINESS PHONE #_____

ANY OTHER CHILDREN? NAME BIRTHDATE (day/month/year)

_____

_____

_____

NAMES OF SPONSORS/GODPARENTS:

1._____
Name Denomination Baptized? Y/N

2._____
Name Denomination Baptized? Y/N

3._____
Name Denomination Baptized? Y/N