

Adult Baptismal Registration Form



Full Name _____

Date of Birth _____

Place of Birth _____

Date Requested for Baptism _____

Service time Sat. 5:15 p.m.

Sun. 8 a.m.

Sun. 10:30 a.m.

Circle One

Reserve _____ pews for family & friends, 6 people per pew

Father's full name _____

Mother's full name _____

Mother's Maiden Name _____

Father's Church _____

Mother's Church _____

Your address _____

Email address _____

Phone _____

Sponsor's name _____

Sponsor's name _____

Church membership _____

Church membership _____

Please return this form to the pastor or church office BEFORE the date of the baptism. Thank you.

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