

BAPTISM FORM FOR KENMORE PRESBYTERIAN CHURCH

Names of Parents/Guardians	1.	
	2.	
Child's Name		
Child's Date of Birth		
Child's Place of Birth	Hospital	
	City:	State:
Member of Kenmore Presbyterian Church?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, are you a member of any church?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, to which church do you belong?	Name:	
	Address:	
	City:	
	State and Zip Code:	
Please return the completed form to: Kenmore Presbyterian Church 2771 Delaware Avenue Kenmore, New York 14223		