

BAPTISMAL FORM

Today's Date: _____

Full Name of one to be Baptized: _____

Birthdate: _____ Current Age: _____

Place of Birth: _____

Desired Date of Baptism: _____

Parent's Name(s): _____

Mailing Address: _____

Phone Number(s): _____

Email(s): _____

Church Affiliation: _____

God Parents/Sponsors: _____

Grandparents: _____

Siblings: _____ Age _____ Baptized Y/N? _____

_____ Age _____ Baptized Y/N? _____

_____ Age _____ Baptized Y/N? _____

Special Needs/Notes: _____

Parents: Please initial here _____ to give consent. I give FPC permission to take pictures or videos of my child/ren at this baptism and use them internally in the church, on our website and/or our church Facebook page.