



(office use only: Pastor _____)

BAPTISM RECORD FORM

PLEASE PRINT

Child to be Baptized:

(first) _____ (middle) _____ (last) _____

Birthdate _____ M/F

Requested Baptism Date _____ Service Time _____

Parents and Family

Father (first) _____ (middle) _____ (last) _____

Address _____ Home Phone () _____

City _____ State _____ Zip _____

E-mail _____ Cell phone () _____

Mother (first) _____ (middle) _____ (last) _____

(if married; anniversary date _____ maiden name _____)

Address _____ Home Phone () _____

City _____ State _____ Zip _____

E-mail _____ Cell phone () _____

Name and birthdate of siblings to child listed above: _____

Calvary member(s) Yes _____ No _____ If not, would you like to join? Yes _____ No _____

Baptismal Sponsors

Name _____

Name _____

Name _____

Name _____

Please list relatives who are members of Calvary
