

Baptismal Information

Child's Name _____ Boy Girl
(First, Middle, Last) Please circle one

Birth date _____ Home Phone _____

Place of Birth _____
(Hospital, City & State)

Parent's Name _____ Yes No
(Include previous name) (Member of Grace)

Parent's Name _____ Yes No
(Include previous name) (Member of Grace)

Address _____

E-mail _____

Phone _____

Baptism Date _____

Sept-May : _____ 5:00 _____ 9:00
May-Sept: _____ 5:00 _____ 8:30 _____ 10:00
(Outdoor)

Sponsors _____

_____ I am not a member of Grace. Please send the information on this baptism to the following church:

Congregation's name _____

City & State: _____

Is there anyone else in your household that wishes to be baptized?

OFFICE USE ONLY

_____ PASTOR

_____ GINA/DEBBIE/SANDI

_____ SC (SPLASH) GEORGIE

_____ ALTAR GUILD (whoever is on for the month)

_____ SUNDAY SCHOOL

_____ PROJECTION PERSON (assigned for date of Baptism)