

Baptism Information Form

Applic. Date:

Candidate

Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First

Middle

Last

Sex:

M/F

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year

Age

Place of Birth:

<input type="text"/>	<input type="text"/>
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City

State

Home Address:

Street Address

Apt. No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip

Parents

Name #1:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First

Middle

Last

Religious Affiliation

Name #2:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First

Middle

Last

Religious Affiliation

Home Address:

Street Address

Apt. No.

If different from above.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip

Contact Info:

Telephone

Email Address

Godparents/Sponsors

Name #1:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First

Middle

Last

Religious Affiliation

Home Address:

Street Address

Apt. No.

City	State	Zip

Name 2:

First	Middle	Last

Religious Affiliation

Home Address:

Street Address

Apt. No.

City	State	Zip

Name 3:

First	Middle	Last

Religious Affiliation

Home Address:

Street Address

Apt. No.

City	State	Zip

Preferred Date:

Month	Day	Year

Service Time

No. Guests:

Adults

Children