



Child Baptism Information Form

Date Form Completed: Requested Date of Baptism: Service: 9:00 a.m. 11:00 a.m.

Alternate Date of Baptism: Service: 9:00 a.m. 11:00 a.m.

Child's First Name: Middle: Last:

Date of Birth: Gender: Place of Birth (city/state):

Parent's Name: Church Affiliation: Date of Birth:

Cell Phone Number: Baptized: Yes No Email:

Parent's Name: Church Affiliation: Date of Birth:

Cell Phone Number: Baptized: Yes No Email:

Street Address: City: State: Zip:

Do you plan to raise your child in the Christian faith at Gary Church? Yes No

If no, to which church do you plan to have your child connected?

FAMILY INFORMATION

Siblings (include age):

Sponsors/Godparents

Name	City, State	Baptized/Practicing Christian?		
		Yes	No	Not Sure
		Yes	No	Not Sure
		Yes	No	Not Sure
		Yes	No	Not Sure

Grandparents

Maternal Paternal

Pastor Officiating: