

BAPTISM REPORTING FORM

Person preparing this form: _____

Date _____

Church: _____

Baptism
P.O.F.

Re-baptism

Date

Name and Address

Phone

Birthdate

Gleaner/Review
Yes/No

Church Joined

Re-baptism	Date	Name and Address	Phone	Birthdate	Gleaner/Review Yes/No	Church Joined

PLEASE RETURN THIS FORM PROMPTLY AFTER EACH BAPTISM: Montana Conference, 175 Canyon View Rd., Bozeman, MT 59715