

# BAPTISMAL INFORMATION

Date \_\_\_\_\_

<b>ADULT BAPTISM</b>	Full Name _____ Birth date _____
	Address/City/Zip _____
	Phone w/area code _____ Member: Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>CHILD BAPTISM</b>	Child's FULL name: _____
	Member: Yes <input type="checkbox"/> No <input type="checkbox"/> (see questions in box below)
	Have you had any other children baptized at Faith? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you spoken with a Children's Ministry staff person? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you attended the "Baptism Class"? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b><u>NON-MEMBERS ONLY</u></b>
	Do you have a home church? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you visited Faith? Yes <input type="checkbox"/> No <input type="checkbox"/> How many times? _____
	Did you fill out the attendance card in the pew? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Pastor suggest that you worship here at Faith three or four times before your baptism date so that you can have an opportunity to see if this is a church where you would feel comfortable worshipping and raising your children.
Birth date: _____	
City/State where child was born: _____	
Father's FULL name: _____	
Mother's FULL name: _____ Maiden name: _____	
Address/City/Zip: _____	
Phone: (home) _____ (work or cell) _____	
Sponsors: _____	
_____	

<b>DATE OF BAPTISM</b>	Day / Date / Year: _____
	Time: _____

<b>OFFICE USE ONLY</b>
Officiating Pastor: _____