



Baptismal Information Form



Full name of person to be baptized (as it will appear on Baptismal certificate):

Date of Birth: _____

Place of Birth: _____

Address: _____

Phone: _____ E-mail: _____

Parents' Names: _____

Member of Our Savior? Yes No

Date of Baptism: _____

Service: Saturday- 6:00 PM Sunday: 8:30 AM or 11:00 AM or 9:30 AM (summer)

Names of sponsors/godparents:

Office use only:

Pr. Mark ___ Pr. Shelly ___ Baptismal Certificate ___ Bulletin ___