



## Record of Baptism

Person to be  
Baptized:

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First

Middle

Last

Date of Birth:

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Address:

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Phone:

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Place of Birth:

---

City

State

Parents

Full Name:

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Other Adults

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to recognize:

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Would you like a meeting with the pastor before Baptism? \_\_\_\_\_

When is a good time? \_\_\_\_\_

### Service Time:

Date of Baptism: \_\_\_\_\_

8:30 am

Place of Baptism: \_\_\_\_\_

10:45 am

Officiating Minister: \_\_\_\_\_