



Baptism Information

Full Name: _____

Gender: Male Female Date of Baptism: _____

Date of Birth: _____ Place of Birth: _____

Hospital of Birth: _____

Parents' Information

Parent Name: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

Member of Morrow Church? Yes No (Church: _____)

Year of Baptism: _____

Parent Name: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

Member of Morrow Church? Yes No (Church: _____)

Year of Baptism: _____

Godparents: _____

Pastor Officiating: _____

FOR OFFICE USE ONLY

Copies to: Pastors ___ Church Administrator ___ Membership Secretary ___

Baptism Certificate Printed: ___/___/___ Book Plate Printed: ___/___/___