



Infant/Youth Baptism Information Form

Date: _____

Child's Information:

Name: _____ Date of Birth: _____ Age: _____
First Middle Last

Parent/Guardian Information:

Name: _____ Member Here? Yes No

Church Affiliation: _____ Baptized?: Yes No

Address: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Parent/Guardian Information:

Name: _____ Member Here? Yes No

Church Affiliation: _____ Baptized?: Yes No

Address: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Family Information:

Siblings Names & Ages

Parent/Guardian Signature(s): _____

Date of Baptism: _____ Minister of Baptism: _____