

PROSPECTIVE BAPTISM

FAMILY NAME _____ PHONE NO. _____

ADDRESS _____

E-MAIL ADDRESS _____

**** Please email a photo of the prospective baptism to tbraband@stjamesgettysburg.org.
(This photo will be shown during the announcements at worship services on the day of baptism.)**

INITIAL CONTACT:

DATE _____ TYPE _____

NOTES _____

COPY OF THIS SHEET GIVEN TO STAFF AS NEEDED _____

RECORD INFORMATION

CHILD'S NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE OF BAPTISM _____ TIME OF BAPTISM _____

FATHER'S FULL NAME _____

FATHER'S CHURCH MEMBERSHIP _____

MOTHER'S FULL MAIDEN NAME _____

MOTHER'S CHURCH MEMBERSHIP _____

SPONSORS' NAMES _____

(revised 2/24/15)