

## **Baptismal Information Sheet**

Complete Name of Individual Being Baptized:			
Male/Female (Please Circle One)	Date of Bir	th:	
Place of Birth (City/State):			
Date of Baptism:/ 8:00 /	/ 9:30 / 10:45 a.n	m. (Please Circle O	ne)
Pastor who will be baptizing			
Father's Name:			
Mother's Name:			
Brothers and Sisters Names:			
Mailing Address: (Address)		(City/St	ate/Zip)
Best Contact Phone Number:	_Home	(0.9/0.	• ,
Are Both Parents Members of St. John?yes _			
Sponsor Information:			
Name:	Address:_		
Name:	Address:_		
Name:	Address:_		
Other Information:			
Reserve pews for family and friends.			