

## BAPTISMAL INFORMATION FORM

Child's Full Name: \_\_\_\_\_

City of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

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

Church of Baptism: \_\_\_\_\_

Baptized by: \_\_\_\_\_

God Father: \_\_\_\_\_

God Mother: \_\_\_\_\_

Date: \_\_\_\_\_