



# Child Baptism Information Form

Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_  
Month Day Year

Location of Birth: \_\_\_\_\_  
City State

Father's Name: \_\_\_\_\_  
Last First Middle

Mother's Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State/Zip

Phones: \_\_\_\_\_  
Home Cell/Other

Email: \_\_\_\_\_

Calvary Members?  Father  Mother  Grandfather  Grandmother

Sponsors: \_\_\_\_\_

---

Tentative Date for Baptism: \_\_\_\_\_  
Month Day Year Time

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

*Reminder: Certificates, Candle to Parents & Sponsor(s)*

Special Instructions: \_\_\_\_\_