



Baptism Information Sheet

The Congregational Church of South Dartmouth

Child's Full Name _____

Date of Birth _____

Place of Birth _____

Siblings full names and ages: _____

PARENTS

Mothers full name: _____

Mothers church affiliation: _____

Do you know if, where, and when you were baptized: _____

Father's full name: _____

Father's church affiliation: _____

Do you know if, where, and when you were baptized: _____

Home Address _____

Preferred contact: home/cell phone _____

email: _____

other email: _____

other telephone: _____

Godparent(s) full names: _____

Desired date for Baptism: _____