

Approved: \_\_\_\_\_  
Called: \_\_\_\_\_  
Copies: \_\_\_\_\_

I Performed This Baptism: \_\_\_\_\_  
(Pastor, please sign and return to the Membership Secretary)

## BAPTISM CERTIFICATE INFORMATION

Child's Full Name: \_\_\_\_\_ Boy Girl  
Child's Date of Birth: \_\_\_\_\_ City / State of Birth: \_\_\_\_\_  
Mother's Full Name: \_\_\_\_\_  
Father's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Siblings Name(s) & DOB: \_\_\_\_\_  
Date of Baptism: 1<sup>st</sup> Choice \_\_\_\_\_ Service of Worship: \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_ Baptism Class Date: \_\_\_\_\_  
Members? Yes No If No – PMC Class? Yes No Joining on: \_\_\_\_\_

Approved: \_\_\_\_\_  
Called: \_\_\_\_\_  
Copies: \_\_\_\_\_

I Performed This Baptism: \_\_\_\_\_  
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