

REQUEST FOR BAPTISM
at
Stonewall Pastoral Charge

Information of Person(s) to be baptized:

Full Name	M/F	Date of Birth	Place of Birth

Required information from mother of person(s) to be baptized:

Full Name (please include maiden name) _____

Date and Place of Your Baptism: _____

Date and Place of Your Confirmation: _____

Current Church Affiliation: _____

Name of Congregation where you are a member: _____

Required information from father of person(s) to be baptized:

Full Name: _____

Date and Place of Your Baptism: _____

Date and Place of Your Confirmation: _____

Current Church Affiliation: _____

Name of Congregation where you are a member: _____

Additional family information:

Name of Sibling(s)	Date of Birth	Date & Place of Baptism

Name (s) of Sponsor (s) (if any)

Why did you choose this congregation for baptism?

E-Mail Address: _____

Street Address:

Mailing Address:

Home Telephone Number: _____