

Date Submitted  
to FLC office: \_\_\_\_\_

### BAPTISMAL RECORD

#### CANDIDATE

Full Name: \_\_\_\_\_  
*first middle last*

Address: \_\_\_\_\_  
*street city state zip*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*hospital/other city state*

Child:  Adult:  Gender: \_\_\_\_\_

Date Requested for Baptism: \_\_\_\_\_ Location: \_\_\_\_\_

#### MOTHER

Full Name: \_\_\_\_\_  
*first middle last (please include maiden name)*

Address: \_\_\_\_\_  
*street city state zip*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Religion: \_\_\_\_\_

#### FATHER

Full Name: \_\_\_\_\_  
*first middle last*

Address: \_\_\_\_\_  
*street city state zip*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Religion: \_\_\_\_\_

#### GODPARENTS

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City & State: \_\_\_\_\_ Religion: \_\_\_\_\_

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City & State: \_\_\_\_\_ Religion: \_\_\_\_\_

*If there will be more than two Godparents, please use the back of this sheet with the additional information.*

Signature of Parent or Guardian: \_\_\_\_\_

#### Office Use

Date of Baptismal Instruction: \_\_\_\_\_ Date Celebrated: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Cradle Roll: \_\_\_\_\_ Sunday School: \_\_\_\_\_ Secretary: \_\_\_\_\_ Elders: \_\_\_\_\_