

## BAPTISM INFORMATION FORM

Child's Full Name (first, middle, last) \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place (city/town, state) \_\_\_\_\_

Father's Name (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Mother's Name (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (maiden) \_\_\_\_\_ (last) \_\_\_\_\_

Siblings of child to be baptized: (name) \_\_\_\_\_ (age) \_\_\_\_\_

(name) \_\_\_\_\_ (age) \_\_\_\_\_

(name) \_\_\_\_\_ (age) \_\_\_\_\_

Parents' Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Parent Cell phone(s) \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

Parents are members of which church? \_\_\_\_\_

(Note: It is required that one or both parents be baptized and an active member of a Christian church.)

Date Baptism is desired: \_\_\_\_\_

Which service? September –May: 9:00 a.m. \_\_\_\_\_ 10:30 a.m. \_\_\_\_\_

June, July, and August: worship at 9:30 a.m only \_\_\_\_\_

Sponsors (optional): \_\_\_\_\_

Please return form to:

The Congregational Church of Hollis, UCC  
3 Monument Square  
Hollis, New Hampshire 03049

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