

Baptism Information Form

PLEASE PRINT!

Date of Baptism: _____

Pastor: _____

Full Name of Child: _____

(First, Middle, Last)

Gender: _____

Ethnicity: _____ (optional)

Date of Birth: _____

Place of Birth: _____

(City, State)

Parents' Names: _____

Member (Y/N)? *

Parents' Phone: _____

Parent: _____

Parent: _____

Parents' Current Address (if not living together, please specify which household):

Parents' Email: _____

Parent: _____

Parent: _____

Baptismal Sponsors** (Up to 4 Sponsors):

Would you like to reserve a space for a gathering at the church after the baptism? *** Yes: No:

*Please let the Pastor know if you would like information about becoming a member of OSLC.

**Please list married/partnered couples on one line (1 Certificate per couple)

*** Please speak with the pastor for more information. All rentals require a \$100 damage deposit. Fees may apply for non-members.