BAPTSIM INFORMATION:

NAME		r	Male or Female (circle	one)
DOB	CITY (OF BIRTH		
PARENTS NAMES				
CONTACT PHONE		CONTACT EMAIL		
CONTACT ADDRESS				
SPONSOR(S) NAMES_				
DATE OF BAPTISM			_TIME OF BAPTISM	
FAMILY CONECTION T	O CHRISTIANIA:			
COMMENTS				
NOTIFY:	Pastor Jon	Matt		Cliff
	Emailed Parents verification			Other