

St. John's United Church of Christ

1811 Lincoln Way East, Chambersburg, PA 17202
717-263-8593

BAPTISM FORM

Today's Date: _____ Taken by: _____

Full Name: _____

Birth Date: _____

Place of Birth: _____

Gender: () Female () Male

Baptism Date: _____ Time: _____

Location: _____

Will you be attending: () Contemporary Worship () Traditional Worship

Full Name of Father: _____
() Member () Non-member

Church Affiliation: _____
Home Address: _____

Telephone: _____ Cell: _____

Full Name of Mother: _____
Maiden Name: _____

() Member () Non-member

Church Affiliation: _____
Home Address: _____

Telephone: _____ Cell: _____

Sponsors:

Full Name: _____
Address: _____

Church Affiliation: _____

Full Name: _____
Address: _____

Church Affiliation: _____