

Baptism

Information for Certificate

DATE of Baptism: _____

Full Name of one being Baptized

Child Of

MOTHER: _____

FATHER: _____

BORN: _____ Location: _____
Date of Birth City, State

BAPTIZED
IN THE NAME OF THE FATHER,
AND OF THE SON,
AND OF THE HOLY SPIRIT

REV. Dr. Kenneth Blyth, Pastor

Name of Sponsor(s) _____, Sponsor

_____, Sponsor

CONTACT INFORMATION

Address: _____

Phone: _____ Cell Phone: _____

Email: _____