



Church of Christ Uniting of Richfield Springs Baptism Information Sheet

Child's Full Name: _____

(as written on the Baptismal Certificate)

Child's Date of Birth: _____ Place of Birth: _____

FAMILY INFORMATION

Are the child's parents and/or grandparents members of The Church of Christ Uniting?

Parents Grandparents Both Neither

Mother's First Name: _____ Mother's Last Name: _____

Mother's Email Address: _____

Mother's Physical Address: _____

PO Box: _____

City: _____ State: _____ Zip: _____

Mother's Cell Phone: (____) _____ Text: Yes No

Mother's First Name: _____ Mother's Last Name: _____

Mother's Email Address: _____

Mother's Physical Address: _____

PO Box: _____

City: _____ State: _____ Zip: _____

Mother's Cell Phone: (____) _____ Text: Yes No

Maternal Grandparents Name: _____

Paternal Grandparents Name: _____

God-Parents Names (if applicable): _____

Siblings Names and Birthdates (if any):