ST. JOHN'S UNITED CHURCH
BAPTISMAL INFORMATION

BAPTIZED PERSON'S NAME:

BIRTH PLACE (town/city):

DATE OF BIRTH:

FATHER'S NAME:

MOTHER'S NAME:

MOTHER'S MAIDEN NAME:

RESIDENCE (town/city):

MAILING ADDRESS:

PHONE NUMBER:

DATE OF BAPTISM:

PLACE OF BAPTISM (town):

CLERGY:

Additional information (if any):

Date of Application :

Date of Board's Approval:

Chairperson's Signature: