

# CALVARY UNITED

## BAPTISM REQUEST FORM

Minister: \_\_\_\_\_  
Date of Baptism: \_\_\_\_\_  
Preparation Class: \_\_\_\_\_  
Information Mailed: \_\_\_\_\_

Full Name:

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Date of Birth:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Child  Youth  Adult  Male  Female

Mother's Name:

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Father's Name:

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Address:

Street \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Connection to \_\_\_\_\_

\_\_\_\_\_

NOTES: