Milford Presbyterian Church

ADULT - Baptism Information Form

Date of Baptism_____ Service: 10:00am___

Name_____
First Middle Last

Mother's Name_____
First Middle Last

Father's Name_____
First Middle Last

Address_____

Home Phone_____ E-mail_____

Birth Date_____ Place of Birth_____

Siblings

Child's Name	Ours	Mother's	Father's	Birthday	Grade
_____	____	_____	_____	_____	_____
_____	____	_____	_____	_____	_____

Other participants' in the baptism (i.e. witnesses) _____

Have you made a confession of faith in Jesus Christ as your Lord and Savior? Yes No

Have you been baptized in a Christian church? Yes No

Are you a member of a church? Yes No

If so where?
Mother's church:_____

Father's church:_____

Office Use Only

Date received in office_____

Clerk___ Data Entry___ Worship Elder___ Max___

Given to family: Letter___ Certificate___ Cross___ Booklet___