**Sacrament of Baptism**

**Information Sheet**

**St. Paul’s U.C.C. Fleetwood**

Please fill in this form, save the file in Microsoft Word and email to churchofficestpaulsfleetwood@gmail.com

Child’s full name (including middle name):

Date of birth:

**Birthplace**

Hospital:

City:

County:

State:

Desired date of baptism:

Desired worship service: \_\_\_ 8:55 a.m. \_\_\_ 10:25 a.m.

**Parents**

Mother’s name (first, middle, last):

Father’s name (first, middle, last):

Address

Street:

City, ST Zip:

Phone(s):

Email(s):

**Sponsors**

List name(s) of sponsors: