

# Baptismal Information Form

Candidate's Full Name: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Parents:     Father \_\_\_\_\_

                  Mother \_\_\_\_\_

Candidate's Place of Birth: \_\_\_\_\_

Candidate's Date of Birth: \_\_\_\_\_

Sponsors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

*Emmanuel Church*  
*303 N. Main Street (at Broadway)*  
*Bel Air, Maryland 21014*  
*410 838-7699*