

God Loves Children and So Do We!

Baptism Information Worksheet

Full Name of Child _____

Date of Birth _____ Where Born _____

City and State of Birth _____

Father's Name _____

Mother's Name (include maiden name) _____

Address _____

Phone Number _____ e-mail _____

Church affiliation of either parent _____

Proposed Elder (if known) _____

Desired Dates for the baptism _____

(Please propose 3, highlight your first choice.)

(Please return this page to the church office to the attention of the Office Manager or e-mail to Destinee@growwithsecond.org.)

second
presbyterian church

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