



BAPTISMAL INFORMATION

PHONE _____

FULL NAME _____

DATE OF BIRTH/WHERE _____

MOTHER'S FULL NAME _____

FATHER'S FULL NAME _____

SPONSORS' NAMES AND CHURCH AFFILIATION

BAPTISMAL DATE _____

LOCATION _____

**Please fill out the form above and hand to one of the pastors.
Call the office at (970)482-1226 if you have any questions.**