



UNITED CHURCH OF HINESBURG

BAPTISM INFORMATION

DATE OF BAPTISM: _____ TIME: _____

PLACE: The United Church of Hinesburg

CLERGY OFFICIATING: Rev. Jared M. Hamilton

FULL NAME (Person being baptized): _____

DATE OF BIRTH: _____ BIRTHPLACE: _____

FATHER'S FULL NAME: _____ MOTHER'S FULL NAME: _____

TELEPHONE: _____ TELEPHONE: _____

ADDRESS: _____ ADDRESS: _____

EMAIL: _____ EMAIL: _____

BAPTIZED: _____ BAPTIZED: _____

NAME OF CHURCH: _____ NAME OF CHURCH: _____

PRESENT CHURCH AFFILIATION: _____ PRESENT CHURCH AFFILIATION: _____

NAMES OF OTHER CHILDREN: _____ BAPTIZED: _____

SPONSOR NAMES AND ADDRESSES:

GRANDPARENT NAME(S) AND ADDRESS(ES):

ADDITIONAL INFORMATION: _____

GUEST CLERGY PARTICIPATING: _____

Calendar Marked ____
Office ____ JMH ____

Office Use

Date to Notify WC & Order Flower ____
Baptism Certificate ____