Swiss United Church of Christ
Baptism Form

Please complete and return this form to the church office via email.

Service Information

9:00am *Swiss Church*
Other:

Date of service | **Time** | **Number of invited guests**

Child Information

Male Female

Child's Name *(first, middle, last)* | **Gender**

Date of Birth | **Place of Birth** *(city, state)*

Street Address | **City, State, Zip**

Family Information

( )

Parent Name *(first & last)* | **Phone Number**

Church Affiliation | **Email Address**

( )

Parent Name *(first & last)* | **Phone Number**

Church Affiliation | **Email Address**

Siblings *(names & ages, if applicable)*

Godparent / Sponsor Information

Are you choosing to have godparents or sponsors? Godparents Sponsors

Person 1: Name

Church Affiliation

Person 2: Name *(if applicable)*

Church Affiliation