

Record of Baptism (Child)

Name of Child:	(First) (Middle) (Last)		
Date of Birth:	(mo/day/year)	Gender:	☐ Male ☐ Female
Date of Baptism:	(mo/day/year)	During Service ☐ Yes ☐ No	Baptized By:
Place of Birth:			

Parents

Mother:	(First Name) (Last Name)		BSLC Member		
			☐ Yes ☐ No		
	Residence:	(Street Address) (Apt. No.)			
		(City) (State) (Zip)			
Phone:	Land Line or N/A	()	Email:		
	Cell	()			

Father:	(First Name) (Last Name)		BSLC Member		
			☐ Yes ☐ No		
	Residence:	(Street Address) (Apt. No.)			
		(City) (State) (Zip)			
Phone:	Land Line or N/A	()	Email:		
	Cell	()			

Sponsors

(First Name) (Last Name)
(First Name) (Last Name)