



Emmanuel United Church Baptism Information

Name of child: _____ M or F

Officiant: _____

Date of birth: _____ Place of birth: _____
month/day/year

Date of baptism: _____ Place: _____

Reception _____

Father's name: _____

Father's email: _____

Phone: _____ cell: _____

Mother's name: _____

Mother's email: _____

Phone: _____ cell: _____

Address: _____

Godparents: ___ yes ___ no

Godparent name: _____

Godparent email: _____

Godparent name: _____

Godparent email: _____

Notes: _____

Hymns

Scripture