

Record of Baptism (Child)

Name of Child:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>(First)</i></td> <td style="text-align: center; font-size: small;"><i>(Middle)</i></td> <td style="text-align: center; font-size: small;"><i>(Last)</i></td> </tr> </table>						<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>			
<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>										
Date of Birth:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>(mo/day/year)</i></td> </tr> </table>		<i>(mo/day/year)</i>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female							
<i>(mo/day/year)</i>												
Date of Baptism:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 40%;"></td> <td style="width: 10%; text-align: center; font-size: small;">During Service</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>(mo/day/year)</i></td> <td style="text-align: center; font-size: small;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="font-size: small;">If baptism is during the service would you like a cake served after the service for family and congregation:</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center; font-size: small;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		During Service		<i>(mo/day/year)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If baptism is during the service would you like a cake served after the service for family and congregation:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Place of Birth:	Baptized By:											

Parents

Mother:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 40%;"></td> <td style="border-bottom: 1px solid black; width: 60%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>(First Name)</i></td> <td style="text-align: center; font-size: small;"><i>(Last Name)</i></td> </tr> </table>				<i>(First Name)</i>	<i>(Last Name)</i>	BSLC Member					
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Sponsors

<i>(First Name)</i>	<i>(Last Name)</i>
<i>(First Name)</i>	<i>(Last Name)</i>