



TO: Parents arranging a Baptism
FROM: Vinje Church Office
RE: Baptismal Information

With you, we look forward to the baptism of your child! This is a very special event for both your family and the Vinje Church family.

Would you please help us by filling in the form below and returning it to us ASAP!

We want to be sure our information is accurate for the certificates and our records, so please make sure to double-check all spellings and please print or type the information. Thank you!

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Name of Child _____
(first) (middle) (last)

Date of Birth _____ Place of Birth _____

Father's Name _____
(first) (last)

Mother's Name _____
(first) (last)

Home Address _____ (city) _____

Phone _____

Church Membership _____

Sponsors _____
(name) (city)

(name) (city)

DATE OF BAPTISM _____ PASTOR BAPTIZING _____