

BAPTISM INFORMATION FORM

**First Presbyterian Church
1731 Church Street
Rahway, NJ 07065
(732) 382-0803**

Date: _____

For Baptism (date): _____ Class (date): _____

Child's Name: _____

Date of Birth: _____

Place of Birth (hospital's name, town, & state): _____

Parents: Mother's Maiden Name _____

Father's Name _____

Address: _____

Telephone Number: _____

Church Affiliation: _____

Elder Assisting (church fills in): _____

Sponsor: _____