

ST. PETER AFRICAN METHODIST EPISCOPAL CHURCH

4730 Margaretta Ave.

Saint Louis, MO 63115

BAPTISM FORM

1. Name of Person being baptized: _____

2. Child of (Father) _____

3. Child of (Mother) _____

4. Born at: _____

5. Date of birth: _____

6. Address of Parents: _____

7. Phone: _____

8. Godparents: _____

9. Address (es) of Godparents _____

10. Phone: _____

11. Date of baptism: _____

12. Certificate of baptism given? Yes _____ No _____

13. Logged in permanent file records? Yes _____ No _____

14. Remarks:

Signature of person filling form: _____

Recorded and filed on _____ by _____