

**THE SACRAMENT OF BAPTISM
FAMILY INFORMATION FORM**

Name(s) of Child(ren) as you wish it/them to appear on the Baptism Certificate

Date(s) of Birth _____

Place of Birth _____

Mother's Name (as you wish it to appear on the Baptism Certificate):

Father's Name (as you wish it to appear on the Baptism Certificate):

Contact Information:

Best Phone Number to Reach You _____

Best Email to Reach You _____

Mailing Address _____

Name(s) of Sponsor(s) or Godparent(s) and their Relationship to Your Child(ren)

Why do you Wish Your Child(ren) to be Baptized at First Church?

Please choose (2) possible dates for your baptism from the list below, indicating first and second choice. We will always try to accommodate your first choice, but exceptions may apply. We typically hold baptisms once per month. Occasionally, multiple baptisms are held at the same service.

09/27/15 10/11/15 11/8/15 12/13/15

Estimated Number of Guests at Service _____

Please return this form to the Church Office. You can drop it off or email it to:
administrator@fccsimsbury.org, or mail it to First Church, Simsbury
689 Hopmeadow Street, Simsbury, CT 06070