

## *BAPTISM INFORMATION*

Parents' Name:

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Father	Mother	Last
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Address:

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Phone:

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Home	Work	Cell
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Members: Yes

No

Child's Name:

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First	Middle	Last
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Date of Birth:

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Month	Day	Year
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Place of Birth:

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Hospital Name	City
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Date of Baptism:

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Month	Day	Year
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Time of Baptism:

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