

Gates Presbyterian Church

1049 Wegman Rd. Rochester NY 14624

BAPTISMAL INFORMATION

Person being baptized (Full Name)

Birth Date

Date of Baptism

Birth occurred in what city and state?

Parents Names (if child is being baptized)

Father:

Mother (please include maiden name):

Parents Contact Information

Address:

Home Phone:

Cell Phone:

Email:

Other members in household:
