



Pittman E.C. Church

1 CHURCH 2 LOCATIONS

Praise God for His gift of grace and life presented through the expression of baptism.
Please fill out this form and return it to your pastor.
This information will be used to update our records and create for you a certificate.

Adult Baptism Information:

Name _____
First Middle Last

Date of Birth ____/____/____ Place of Birth _____

Father's Name _____
First Middle Last
(Please circle how name should appear on certificate)

Church background _____

Mother's Name _____
First Middle Last Maiden
(Please circle how name should appear on certificate)

Church background _____

Address _____

City State Zip Code

Phone _____
Home Work Other

E-Mail _____

Sponsors/Godparents/Witnesses (Should be active Christians)

Name as it should appear Relation/Church background

Date:

Date of Baptism: _____
Location of Service: _____
Time of Service: _____

Other notes & special requests: _____

