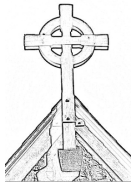
The Church of Saint John on the Mountain
379 Mount Harmony Road
Bernardsville, NJ 07924-1414
(908) 766-2282
www.sjotm.org



BAPTISMAL INFORMATION FORM (INFANTS AND CHILDREN)

CANDIDATE

Candidate's name _____ _____ _____
First Middle Last

Date of Birth _____ / _____/ _____ Age _____ _____
Month Date Year male or female

Place of Birth _____ _____
City State

PARENTS

Father's name _____ _____ _____
First Middle Last

Mother's name _____ _____ _____
First Middle & Maiden Last

Address _____ _____ _____
Street City State & Zipcode

Home phone (___) ____ - _____

Father's Contact (___) ____ - _____ _____
Father's cell phone Father's email

Mother's Contact (___) ____ - _____ _____
Mother's cell phone Mother's email

SPONSORS

Sponsor/Godparent _____ _____ _____
First Middle Last

Sponsor/Godparent _____ _____ _____
First Middle Last

Sponsor/Godparent _____ _____ _____
First Middle Last

BAPTISM

_____ _____
Date of Baptism Time of Baptism

Remarks _____

_____

PLEASE PRINT AND USE FULL NAMES