

**First Congregational Church**  
One Walton Place, Stamford, CT 06901  
Tel: 203-323-0200, Fax: (203) 348-2270  
fccstamford@gmail.com, www.fccstamford@gmail.com

**BAPTISM INFORMATION FORM**

\*Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

**Child's Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

**Parent's Information**

Mother's Name: \_\_\_\_\_ Member of FCC: \_\_\_\_\_

Mother is Baptized, Yes / No: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Member of FCC: \_\_\_\_\_

Father is Baptized, Yes / No: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Contact Information**

Mother's Phone(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Phone(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

**Family Information**

Sibling(s) Name	Age:	Sibling(s) Name	Age:
_____	_____	_____	_____
_____	_____	_____	_____

Sponsors/Godparents Names:

\_\_\_\_\_

\_\_\_\_\_

Grandparents: Maternal:	Paternal:
_____	_____
_____	_____

Great Grandparents: Maternal:	Paternal:
_____	_____
_____	_____

Parent's Signature(s): \_\_\_\_\_

Printed Name(s): \_\_\_\_\_