

RGCC Baptism Record



ATTENTION MINISTER / DEACON, DEACONESS:
PLEASE RETURN THE FILLED OUT FORM TO THE ADMINISTRATIVE OFFICE INBOX, ON THE SAME DAY OF BAPTISM. THANK YOU.

Date of Baptism: _____

Name: _____

Address: _____ **Date Joined:** _____

City, State: _____ **Zip Code:** _____

Telephone Number: _____ **Birth Date:** ____/____/____

Parents Name (if child): _____

OFFICE USE ONLY

CERTIFICATE ISSUED BY: _____ DATE: _____

MAILED ON: _____