

Mokuaikaua Congregational Church

Baptism Certificate Information

One form per person. Please complete all questions.

Print Full Name: _____

Birthdate: _____
Month / Date / Year

Place of Birth (County, State): _____

Contact Number: _____

Father's Name: _____

Mother's Name: _____

Date to be Baptized: _____ Time: _____ am/pm

Location: _____

Sacrament of Baptism officiated by: _____

“...having been buried with Him in Baptism and raised with Him through
your faith in the power of God, who raised Him from the dead.”

Colossians 2:12