



## BAPTISM INFORMATION FORM

### The Federated Church of Hyannis

320 Main Street Hyannis, MA 02601

Phone: 508-775-0298 Fax: 508-771-3451

#### PERSON/CHILD BEING BAPTIZED

Full Name (First Middle Last)	
Birth Date	
Birth Place (Town, St Zip)	

#### PARENT/GUARDIAN

Father's Name (First Middle Last)	
Mother's Name (First Middle Last, Maiden)	
Address	
City, State Zip	
Telephone	
E-Mail	
Parents Members of Which Church	
NOTE: It is required that one or both parents be baptized and an active member of a Christian church	
Date Baptism is Desired	
Sponsors (Optional):	

**Please Fax or Return form to The Federated Church of Hyannis.**