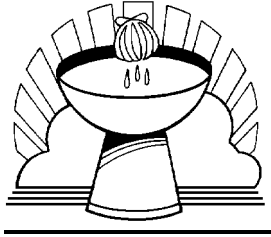


First Presbyterian Church
Lockport, New York



BAPTISM INFORMATION FORM

Please print and complete all information on both the Baptism Information Form and the Photo Release. Please provide a color picture of your child. If you want the picture returned to you please note below. Forward completed forms & photo to the church office.

Full name of the child / person: _____
First Middle Last

() M () F

Address: _____
Street Address City State Zip Code

Phone #: _____
Area Code Number

Date of Birth: _____
Month Day Year

Place of Birth: _____
Hospital City State

Mother's Name: _____
First Middle Maiden Married
(include maiden name)

Father's Full Name: _____
First Middle Last

Date of Baptism: _____
Month Day Year

_____ Elizabeth (CW) (LP) (McBee) (Register)

_____ Sharon (Cross-Stitcher)

_____ Rev. Hardy