



Record of Private Baptism or Dedication

Name of Child: _____

Date of birth: _____

Date of baptism or dedication: _____

Mother's complete maiden name: _____

Father's name: _____

Parent(s) address: _____

Denomination: _____

Home parish/corps/assembly to notify: _____

Name and signature of person performing baptism or dedication

Name and signature of witness

cc: Home parish/corps/assembly (original)
Pastoral Care Office - WMRH
Health record
Family