

**The Federated Church of Hyannis**  
***Baptism Information Form***



Child's first, middle and last name:

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Birth Date:

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Birthplace (city/town, state):

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Father's Name (first, middle and last):

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Mother's Name (first, middle, *maiden* and last):

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Parents' Address:

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City and State:

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Zip Code:

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Telephone/Cell:

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E-mail address:

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Name of Parents' Church:

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***\*It is required that one or both parents be baptized and an active member of a Christian church.***

Date Baptism is desired:

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Sponsors (optional):

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**Please return form to:**  
**The Federated Church of Hyannis**  
**320 Main Street Hyannis, Massachusetts 02601**  
**[info@federatedchurch.org](mailto:info@federatedchurch.org)**