

Maple Springs Baptist Church

4131 Belt Road

Capitol Heights, MD 20743

CERTIFICATE OF BAPTISM REQUEST FORM

CERTIFICATE REQUESTED BY: _____ DATE: _____



NAME OF PERSON BAPTIZED: _____

STREET ADDRESS: _____

(City) (State) (Zip Code)

CONTACT TELEPHONE NUMBER: _____ Cell Home Work

DATE OF BIRTH: _____
(Month) (Day) (Year)

PLACE OF BIRTH: _____
(City) (State)

DATE OF BAPTISM: _____
(Month) (Day) (Year)

NAME OF MINISTER: _____

◆◆◆ PLEASE NOTE: ALL information requested above must be provided to receive a Certificate of Baptism. Once completed, please return form to Vivian Bess, Church Clerk. Certificates are completed on a **VOLUNTARY** basis. It is your responsibility to pick up your certificate from the Church Clerk. ◆◆◆

TO BE COMPLETED BY ADMINISTRATIVE MINISTRY ONLY

ADMINISTRATIVE MINISTRY APPROVAL:
CERTIFICATE REQUEST RECEIVED BY: _____
DATE SIGNED: _____
CERTIFICATE COMPLETED BY: _____
DATE SIGNED: _____
COMPLETED CERTIFICATE RECEIVED BY: _____
DATE RECEIVED: _____