

The Dover Church  
Dover, Massachusetts

**BAPTISM INFORMATION**

Candidate's FULL Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Mother's Given & Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Connection to the Dover Church, if any: \_\_\_\_\_

Religious background or affiliation: \_\_\_\_\_

Maternal Grandparents: \_\_\_\_\_

Paternal Grandparents: \_\_\_\_\_

Godparents (if any): \_\_\_\_\_

Will they be attending the service? \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Time/Place: \_\_\_\_\_

Does the family wish to have the Baptism Song? Yes No

Number of guests expected: \_\_\_\_\_