

SOUTHERN NEW ENGLAND CONFERENCE BAPTISM / PROFESSION OF FAITH REPORT FORM

CHURCH NAME

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS

CITY STATE ZIP CODE

HOME PHONE CELL PHONE ALTERNATE PHONE

EMAIL ADDRESS

DATE OF BIRTH -- -- MONTH DAY YEAR
MARRIAGE DATE -- -- MONTH DAY YEAR

ETHNICITY

- CAUCASIAN ASIAN / PACIFIC ISLANDER
 HISPANIC NATIVE AMERICAN / FIRST NATION
 MIDDLE EASTERN AFRICAN AMERICAN / AFRICAN DESCENT
 OTHER: _____

MARITAL STATUS

- SINGLE
 MARRIED
 DIVORCED
 WIDOWED

GENDER

- MALE
 FEMALE

RETIRED
LANGUAGE OCCUPATION

NAME OF PARENTS OR SPOUSE CURRENTLY REISIDING WITH:

FIRST NAME MIDDLE NAME LAST NAME

BAPTIZED - Date of Baptism:
MONTH DAY YEAR EVENT

BAPTIZED BY ORIGINAL BAPTISM PLACE / LOCATION

PROFESSION OF FAITH - Date of Profession of Faith:
MONTH DAY YEAR

CHURCH CLERK NAME & SIGNATURE PASTOR NAME & SIGNATURE

Mail Form to: Southern New England Conference, P.O. Box 1169, South Lancaster, MA 01561-1169

Email Form: msantos@sneconline.org

Fax Form: 978-365-3838