

*Presbyterian Church of the Cross*

PO Box 13670 • 1810 Phillips Avenue

Greensboro, NC 27415-3670

336.274.5467

**BAPTISMAL CERTIFICATE INFORMATION**

*(Please print clearly and provide names as you wish them to appear on the certificate.)*

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
                            *Month*                    *Day*                    *Year*

City, State, Country of Birth \_\_\_\_\_

Parent/Mother's Name \_\_\_\_\_

Parent/Father's Name \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Location of Baptism \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_