




we are connected

 The Community Church of Vero Beach

BAPTISM INFORMATION

Full Name of Person to be Baptized _____

Date of Birth _____ Place of Birth _____

Full Name of Father _____

Full Name of Mother _____

Mother's Maiden Name _____

Home Address _____

Phone Number _____

Email Address _____

Names of Godparents (if any) _____

Names of family who are members of The Community Church or live in Vero Beach (if any) _____

Number of seats to be reserved for the baptism ceremony _____

Contact:

Rev. Dr. Casey G. Baggott

Executive Minister

casey.baggott@ccovb.org

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