**FULL CHURCH NAME**

Mailing Address

City, State Zip

Phone

Email Address

**Notification of Sacrament Received**

The sacrament below took place at our church. Please add the appropriate information to the **Baptismal Registry.**

Please follow-up with a reply email acknowledging receipt of this notice and that the record has been recorded or you may mail this form back to us with the following information:

Name (pastor or delegate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*<paste image of record here>*