

BAPTISM INFORMATION FORM

Keawala'i Congregational Church
United Church of Christ (USA)
5300 Mākena Road
Mākena, Maui, HI 96753
(808) 879-5557

Date of request: _____

Date requested for Baptism: _____

Email: keawalaichurch@gmail.com

Web Site: www.keawalai.org

Name of Person to be baptized: _____ Date of birth/age: _____

Hawaiian name (can be selected): _____

Name of Contact Person: _____ Relationship: _____

If parent is contact person, name of other parent: _____

Address: _____ Telephone: _____

_____ e-mail: _____

Godparent(s) names: _____

Estimated number of guests that will need seating: _____

FOR INTERNAL USE: Information Received By: _____

Visitation Date/Time: _____

Notes: _____

All baptisms are typically celebrated as part of the 10 a.m. service that is held on the 4th Sunday of the each month. Exceptions are made for other Sundays except the first Sunday of a month.