

	Child's Name:	(First)	(Middle)	(Last)
		, ,		
	Father's Name:	(First)	- EWELAL AND	(Last)
ć		,		(Last)
	Mother's Name: _	(First)	(Last)	(Maiden)
* \$	Phone Number:		Cell Phone: _	
	Address:			
	Birth Date:		Baptism Date	:
	Place of Birth:			
1				
	God Parent:	(First)	(Last)	
	Phone Number:		, ,	
	City:		State:	_Zip:
M				
70	God Parent:			
/		(First)	(Last)	
	Phone Number:		Cell Phone:_	
,	Address:			
	City		State:	7in·