

Baptismal Request/Information Form

INDIVIDUAL BEING BAPTIZED			
First Name	Middle Name	Last Name	
Date of Birth	Birth City, State		
Baptism Date Requested	Worship Service Requested (check one) <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Early <input type="checkbox"/> Sunday Late		
<input type="checkbox"/> check if parents are not married	Who is the primary contact regarding Baptism arrangements? <input type="checkbox"/> Mother <input type="checkbox"/> Father		
FATHER INFORMATION			
First Name	Middle Initial	Last Name	
Address		Cell Phone	
City	State, Zip Code	Work Phone	
Church of Membership		Email	
MOTHER INFORMATION			
First Name	Middle Initial	Maiden Name	Last Name
Address (<input type="checkbox"/> same as father)			Cell Phone
City	State, Zip Code	Work Phone	
Church of Membership			Email
ADDITIONAL FAMILY INFORMATION			
Child Full Name	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where baptized?	
Child Full Name	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where baptized?	
<i>If you have more than two children, please provide additional information to the church office.</i>			
SPONSOR INFORMATION			
Sponsor Names (<input type="checkbox"/> we need sponsors)	#1	#2	
Comments/Requests:			
Once completed, the form should be returned to the church office. You may call in advance to check on availability of dates. No date should be considered confirmed until it has been scheduled with the church office.			
OFFICE USE ONLY			
Date of Meeting:	Anticipated Worship Attendance:	Notes:	
Date of EM Order Placed:	Emailed L & W:	Reminder to add to bulletin:	If late service, notified TH: