

BAPTISMAL FORM

Internal Use Only:
Approved: By _____
Date Approved On: _____

(Please print full legal names with titles)

NAME OF CHILD: _____

MALE: _____ FEMALE: _____

DATE BORN: _____

HOSPITAL: _____ CITY: _____ STATE: _____

FATHER'S NAME: _____

CHURCH MEMBER AT: _____

MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

CHURCH MEMBER AT: _____

ADDRESS: _____

E-MAIL: _____

HOME PHONE #: _____ OK to List in Directory? Y / N

CELL PHONE #: _____ OK to List in Directory? Y / N

State which service you want the Baptism held...(Saturday, Sunday, 8am; 9:30am (Contemporary); or 11am; or Monday, 7pm. Baptisms are held during a non-communion weekend service only on the 2nd or 4th weekends of each month or after the 5pm Saturday Service, the 11am Sunday Service or the 7pm Monday service on the 1st, 3rd or 5th weekends)

BAPTISM DATE: _____ @ _____

SERVICE: 5pm 8am 9:30am 11am During After

SPONSORS: (Please PRINT full legal name—no nicknames or shortened versions)

Mr., Mrs., Miss _____

Mr., Mrs., Miss _____

Cradle Roll—A packet of Christian materials for your child’s first years will be given to you by Pastor at baptism.