

## 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, 5pm; Sunday, 8am; 9:30am (Contemporary); or 11am. Baptisms are held during a non-communion weekend services only on the 2<sup>nd</sup> or 4<sup>th</sup> weekends of each month or after the Saturday, 5pm service, and Sunday, 11am service on the 1<sup>st</sup>, 3<sup>rd</sup> or 5<sup>th</sup> weekends).

BAPTISM DATE: \_\_\_\_\_ at \_\_\_\_\_

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.**