

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: _____

(Circle one)

HOME/CELL PHONE #: _____

MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

CHURCH MEMBER AT: _____

ADDRESS: _____

E-MAIL: _____

(Circle one)

HOME/CELL PHONE #: _____

Note:

Baptisms are held during non-communion weekend services only on the 2nd or 4th weekends of each month.

Baptisms can be held after communion weekend services on the 1st or 3rd weekends of each month only at Saturday 5pm; Sunday 11am; Monday 6:30pm.

BAPTISM DATE: _____ at _____

SERVICE: 5pm 8am 9:30am 11am 6:30pm During After

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

Mr., Mrs., Miss _____

Mr., Mrs., Miss _____

The Saturday 5pm and Sunday 9:30am worship services are live-streamed.
If you have any questions about this, please speak to the Pastor.