



Baptism Request Form

FAMILY NAME: _____

DATE OF SERVICE: _____ TIME OF SERVICE: 8:30 _____ 11:30 _____

CONFERENCE WITH MINISTER:

Minister Name: _____

Date of Conference: _____

PARENT CONTACT INFORMATION

Parent's Names as they wish them to appear on the baptismal certificate

Parent 1: _____

Parent 2: _____

Phone Number:

Parent 1: _____ Parent 2: _____

Address: _____

City: _____ State: _____ Zip: _____

CHILD TO BE BAPTIZED:

Child's Name: _____

Child's Date of Birth: _____

Child's Place of Birth: _____

Other Information (Grandparents, siblings, other relatives you may want listed in the newsletter):

