



APPLICATION FOR BAPTISM CHILD

Information on Child		
Legal name:		
First	Middle	Last
Address:		Phone:
City:	State:	Zip:
Place of birth (City, State):	Sex: M F	Date of birth:

Information on Parents							
Mother's legal name:				Father's legal name:			
First	Middle	Maiden	Last	First	Middle	Last	
Date Married:							
Address (if different from child's)				Address (if different from child's)			
Phone (if different from child's):				Phone (if different from child's):			
Email:				Email:			

<p>You must meet with one of the pastors BEFORE the baptism is approved. It is YOUR responsibility to call the church office and set up an appointment to meet with one of the pastors. BOTH parents must attend. At this time we will discuss with you the meaning of baptism and go over the solemn vows that you take on this joyous occasion.</p>	
Father's signature:	Date:
Mother's signature:	Date:

What date and service are you requesting? Date _____ Service _____

For Office Use Only	
Membership status: Active _____ Inactive _____ Date Inactive _____ Non-member _____	
Date approved by Session:	Baptism date: Service time:
Approved by Pastor: _____ Date: _____	
Baptized by Pastor: _____	