

BAPTISM REQUEST

[PLEASE PRINT]

List names **as you wish them to appear** on baptism certificate(s).

| | | | | | |
|-----------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|
| _____ | Parent's Name | _____ | Parent's Name | | |
| _____ | Date of Birth | _____ | Date of Birth | | |
| Baptized? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Baptized? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Address _____ Town/Zip _____
Home Tel# _____ Cell # _____
Email: _____

Child to be Baptized: (Full Name): _____
Date of Birth _____ City of Birth _____

Sibling's Name: _____
Baptized Yes No

Sibling's Name: _____
Baptized Yes No

Baptism Date _____ Interview Date _____

| | | |
|--|--|--|
| <i>For Office Use:</i> | Flowers Ordered <input type="checkbox"/> | Certificate(s) Done <input type="checkbox"/> |
| Copy to: Clergy <input type="checkbox"/> Deacons <input type="checkbox"/> Clerk <input type="checkbox"/> | Database <input type="checkbox"/> | Columns <input type="checkbox"/> |