

BAPTISM REQUEST

CHILD'S FULL NAME: _____

GOES BY: _____ **SEX:** ____ **AGE:** _____

PLACE OF BIRTH (CITY): _____

DATE OF BIRTH: _____

FATHER'S FULL NAME: _____

GOES BY: _____

MOTHER'S FULL NAME: _____

GOES BY: _____

ADDRESS: _____ **ZIP** _____

PHONE NUMBERS: _____, _____, _____

MEMBER(S) OF _____ **CHURCH PHONE#** _____

BAPTISMAL DATE REQUESTED*: _____ **WHICH SERVICE? 8:30 11:00**

PASTOR REQUEST: _____

ELDER REQUEST:** _____

*AN ALTERNATE DATE MAY BE CHOSEN IN CASE THE PASTOR IS NOT AVAILABLE FOR YOUR FIRST CHOICE.

PARENTS MAY CHOOSE AN ELDER TO TAKE PART IN THE SERVICE. THE ELDER CAN BE A MEMBER OF THIS CHURCH OR A MEMBER OF THE CHILD'S FAMILY IF AN ELDER IN ANOTHER PRESBYTERIAN CHURCH. **PLEASE BE SURE TO NOTIFY KIM LONGENBACH (762-6688 x 31) OF YOUR CHOICE AT LEAST ONE WEEK PRIOR TO YOUR CHILD'S BAPTISM.

SEATING: ROPE OFF _____ **# OF PEWS** (10 PEOPLE PER PEW)

For Office Use

DATE FORM RECEIVED: _____

BAPTISMAL DATE: _____ **APPROVED BY MINISTER:** _____