

# BAPTISM REQUEST FORM

Today's date:

Baptism date requested

Service Time:

8:30

9:40

11:00

Pastor Requested:

**Child #1**

Age

DOB/Gender

City/State

*Preferred Name*

**Child #2**

Age

DOB/Gender

City/State

*Preferred Name*

**Child #3**

Age

DOB/Gender

City/State

*Preferred Name*

Parents' Names

Address

Phone

City

State

ZIP

Email

Will both parents be attending?

Child or children's name(s) to be used in the response:

Parents names to be published in the bulletin:

Baptism Preference:

Sprinkling

Pouring

Would you like for your family's baptism picture to be posted on the church's Facebook page?

Yes

No

Comments:

**FOR OFFICE USE ONLY**

Members confirmed in Shelby

Senior Pastor Approval

Parents' appointment date

Officiating pastor

Sacrament of baptism and infant policies distributed

Confirmation letter mailed

Certificate(s) sent to parents

Profiled Internal email notification sent