



Member\_\_\_\_ Non-Member\_\_\_\_

## **APPLICATION FOR BAPTISM**

*Fill out and return to Pastor at least 4 days before Baptism. Please Print.*

Full name of person baptized:\_\_\_\_\_

Date of Birth:\_\_\_\_\_ Place of Birth:\_\_\_\_\_

Father:\_\_\_\_\_

Mother: (Maiden name)\_\_\_\_\_

Address:\_\_\_\_\_

Phone number:\_\_\_\_\_ E-Mail address:\_\_\_\_\_

Date of Baptism:\_\_\_\_\_ (Please arrange with Pastor)

Service at: 9:30a

Other (Special Circumstances)\_\_\_\_\_

Sponsors:

**Name**

**Church Membership (name and place)**

_____	_____
_____	_____