



William C. Myers, Pastor

Application for the Sacrament of Baptism

Child's Name _____
First Middle Last

Male _____ Female _____

Date of Birth _____ / _____ / _____

Place of Birth _____
City State

Anticipated Date of Baptism _____ / _____ / _____

Worship Time: 10:30 _____

Other _____

Mother's Name _____
First Middle (Maiden) Last

Father's Name _____
First Middle Last

Other Guardian(s) Name _____
First Middle Last

Recognizing our responsibility for the spiritual welfare and our obligation to fulfill the baptism vows which we will take. We desire our child for the Sacrament of Baptism.

Signature _____

Address _____

City, State, Zip _____

Telephone _____ **Date** _____ / _____ / _____

This application gives the complete information necessary for the Baptismal Certificate and the permanent Church record. Please fill it out and return it to the church office or the Minister as soon as possible.

Other family members (brothers, sisters, grandparents etc.)

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Other family members (brothers, sisters, grandparents, etc.) that are members here?

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Church office use only

Approved Date of Baptism: _____ / _____ / _____

Worship Time: **10:30** _____

Other _____

Member of our church: Yes _____ No _____

Elder to read the charge: _____