



Federated Church Baptism Request Form



NAME OF PERSON TO BE BAPTIZED: _____

DATE OF BIRTH: _____

CITY AND COUNTY OF BIRTH: _____

PERSON MAKING REQUEST: _____

RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

CHURCH AFFILIATION: _____

PARENT NAME: _____

PARENT NAME: _____

REQUESTED DATE AND TIME OF SERVICE: _____

ADDITIONAL INFO: _____
