



# Federated Church Baptism Request Form



NAME OF PERSON TO BE BAPTIZED: \_\_\_\_\_

AGE OF PERSON TO BE BAPTIZED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITY AND COUNTY OF BIRTH: \_\_\_\_\_

PERSON MAKING REQUEST: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHURCH AFFILIATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

REQUESTED DATE AND TIME OF SERVICE: \_\_\_\_\_

ADDITIONAL REQUESTS: \_\_\_\_\_

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