



# Application for Christian Baptism for an Infant or Child

Tell us a little about your faith and what Christ has come to mean to you...

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## Family Information

Mother: _____	Phone: _____
Father: _____	Phone: _____
Address: _____	
_____	
_____	
Email: _____	
Email: _____	

## Child/Children to be Baptized

Full Name:	_____		
Date of Birth	_____		
Place of Birth:	_____		
<i>Other Children</i>			
Name:	_____	Baptized?	Y • N •
Name:	_____	Baptized?	Y • N •

## Sponsors/God-parents

*Sponsors and God-parents covenant with you to provide spiritual guidance, care, support, and nurture in the Christian life for your child. They should be Godly examples who are deeply committed followers of Christ who will seek to model the love of Jesus to your child. They need not be married to each other and they are not required.*

Name: _____	Phone: _____
Name: _____	Phone: _____

## Baptismal Service Details

Date of Baptismal Counseling:	_____
Date of Baptism:	_____
Worship Gathering:	9:30a: <input type="checkbox"/> East <input type="checkbox"/> West <span style="margin-left: 100px;"><input type="checkbox"/> 11:15a West</span>