

Application for Baptism

The Child:

Full Name: _____		
Date of Birth: _____	Place of Birth: _____	

The Mother:

Full Name: _____		
Maiden Name: _____		
Have you been baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a confirmed church member? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, in what congregation is your membership? _____		

The Father:

Full Name: _____		
Have you been baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a confirmed church member? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, in what congregation is your membership? _____		

Other Children in the Family:

Names:	Dates of Birth:	Baptized?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Address: _____

Postal Code: _____ Email: _____

Phone: (home) _____ (Work) _____ (Other) _____

Date of Baptism Requested: _____ # Reserved Seats Required? _____

Names of those who will Stand with You? _____