

BAPTISM REQUEST
(PLEASE PRINT! and then email to allison@firstonthird.org)

CHILD'S FULL NAME: _____

GOES BY: _____ **SEX:** _____ **AGE:** _____

PLACE OF BIRTH (CITY,STATE): _____

DATE OF BIRTH: _____

FATHER'S FULL NAME: _____

GOES BY: _____ **FATHER'S EMAIL:** _____

MOTHER'S FULL NAME: _____

GOES BY: _____ **MOTHER'S EMAIL:** _____

ADDRESS: _____ **ZIP** _____

PHONE NUMBERS: _____, _____, _____

MEMBER(S) OF _____ **CHURCH PHONE#** _____

BAPTISMAL DATE REQUESTED*: _____ **WHICH SERVICE? 8:45 9:00 10:00/11:00**

PLEASE NOTE THAT NOT ALL SUNDAYS ARE AVAILABLE FOR BAPTISMS. (circle choice)

Please contact allison@firstonthird.org or call Allison at (910) 762-6688 x 159 for more information.

PASTOR REQUEST: _____

ELDER REQUEST:** _____

Parents may choose an Elder to take part in the service. The Elder can be a member of this church, or a member of the child's family if an Elder in another Presbyterian Church. **Please be sure to notify Allison Cockrill (762-6688 x 159) of your Elder choice at least one week prior to your child's baptism.

SEATING: ROPE OFF _____ **# OF PEWS (APPROX. 10 PEOPLE PER PEW)**

For Office Use

DATE FORM RECEIVED: _____

BAPTISMAL DATE: _____ **APPROVED BY MINISTER:** _____

APPROVED BY SESSION: _____