

<b>Date:</b> _____
<b>Time:</b> _____

**THE SACRAMENT OF BAPTISM  
Planning Information**

Please provide the following information about the candidate for baptism.  
**(Please print in black ink.)**

Name (as it is to be printed on the certificate):

Birth Date:

Birth Place (City, State):

Home Address:

Home Phone:

(If candidate is a child)

Parents:

What date are you requesting for the Baptism? \_\_\_\_\_

\_\_\_\_8am service      \_\_\_\_11am service      \_\_\_\_Private ceremony - not during worship service  
**(No Flash Photography allowed during worship service)** (Time requested\_\_\_\_\_)

Do you desire to have sponsors/godparents for the baptismal candidate?

YES                      NO

If yes, their names & addresses please:

For office use only Calendar____ Banner____ Certificate____ Updated Family Record____
---