

BAPTISM REQUEST FORM



Pastor Requested: _____

Date Requested: _____ Service Time: _____

Child's First Name: _____ Middle: _____ Last: _____

Mother's First Name: _____ Middle: _____ Last: _____

Father's First Name: _____ Middle: _____ Last: _____

Child's Birth date: _____ Birth Place: _____

Mother: Member of ASLC? Yes No

Father: Member of ASLC? Yes No

Home Address: _____

Phone: _____ Email: _____

Sponsors: _____

For Office Use:

Baptism on Calendar _____
Altar Guided Notified _____
Photographer Notified _____
Entered in Computer _____
Certificates Printed _____
Banner Done _____
Baptism Blanket _____
Red Book Entry _____

For Pastor's Use:

Pre-Baptism Meeting:

Date: _____

Time: _____

Notes: _____

