

BAPTISMAL APPLICATION FOR INFANTS & CHILDREN

CANDIDATE & PARENTS

Please fill in the information requested. Thank you!

Name of Candidate _____

Birth date _____ Place of birth _____

Name of Father _____

Religion/Denomination _____

Address _____

Phone _____ Email _____

Name of Mother _____

Maiden name _____

Religion/Denomination _____

Address _____

Phone _____ Email _____

Baptismal date & time requested _____

Where are you attending church now? _____

Why are you asking for Baptism?

Name of Sponsor 1 _____

Religion by Baptism _____ Marital Status _____

Address _____

Phone _____ Email _____

Where is this sponsor attending church now? _____

Name of Sponsor 2 _____

Religion by Baptism _____ Marital Status _____

Address _____

Phone _____ Email _____

Where is this sponsor attending church now? _____

Why are you asking for these sponsors?
