

Request for Baptism
First Presbyterian Church
Lansing, Michigan
517-482-0668

Date: _____

Requested date of Baptism: _____

Child's Name:

First: _____

Middle: _____

Last: _____

Child's Date of Birth: _____

Child's Place of Birth: _____

Mother's Name:

First: _____

Middle: _____

Maiden: _____

Last: _____

Father's Name:

First: _____

Middle: _____

Last: _____

Home Address: Street: _____
 City: _____
 State: _____
 Zip: _____

Home Phone: _____

Other Phones: _____

eMail Address: _____

Office Use Only:

___ Baptism Scheduled for: (Date) _____

___ Session Approval: (Date) _____

___ Pastor Assigned: _____

___ Elder Assigned: _____

___ Certificate Prepared: (Date) _____

___ Baptism Conducted: (Date) _____

___ Baptism Recorded in Roll Book: (Date) _____

___ Baptism Recorded in Data Base: (Date) _____