First Presbyterian Church

Child's Baptism Information

Child's Full Name _____ _____
Last **First** **Middle**

Child likes to be called _____

Child's Birth Date _____ **Gender** ___**M** ___ **F**

Child's Place of Birth _____**Hospital** _____
City **State**

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

Mailing Address _____
Street **City** **State** **Zip Code**

Phone: Home _____ **Work** _____ **Cell** _____

Email: Home _____ **Work** _____

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

Mailing Address _____
Street **City** **State** **Zip Code**

Phone: Home _____ **Work** _____ **Cell** _____

Email: Home _____ **Work** _____

Parent(s) who are members of FPC (circle): Father Mother Both None

Please return completed form to Nancy Jenkins in the Administration Office.

FOR OFFICE USE ONLY

Date form sent _____ Date form rec'd _____

Elder requested (if any) _____

Baptismal dates requested _____

Service time _____8:30 a.m. _____11:00 a.m.

Minister officiating _____

Session approval date _____

Baptismal certificate completed _____

Baptismal Box & Parent Letter _____

Elder assigned _____

Copy form to _____Pastor _____DCE _____Session