

# ST. DAVID'S UNITED CHURCH

## BAPTISM REQUEST FORM

Date requested for Baptism: \_\_\_\_\_ Time: \_\_\_\_\_

Minister: \_\_\_\_\_

Given Names of Child (being baptized)	Gender	Birth Date	Birth Place	Baptism Date

Father (Full Name): \_\_\_\_\_

Mother (Full + (MAIDEN) Name): \_\_\_\_\_

Siblings:

Sisters: \_\_\_\_\_

Brothers: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Work or cell: \_\_\_\_\_

Is this your first child to be Baptized: Y or N

Have you confirmed your Baptism: Father Y or N Where: \_\_\_\_\_

Mother Y or N Where: \_\_\_\_\_

Name of Sponsors/Godparents:

\_\_\_\_\_

NOTES:

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\_\_\_\_\_