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## BAPTISM REQUEST FORM

**REQUESTING FAMILY SHOULD COMPLETE FORM AND RETURN TO CHURCH ADMINISTRATOR**

Full Name of Child: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Full Names of Parents:

Parent 1 \_\_\_\_\_

Parent 2 \_\_\_\_\_

Siblings at Home and Ages: \_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Number of Expected Guests: \_\_\_\_\_

Witness(es): \_\_\_\_\_

**Baptism Date:** Please list three choices and rank in order of preference. Baptisms occur at the 10:00 a.m. worship service on Sundays and will not be offered on Holy Days, holidays, or the first Sunday of the month. The date will be confirmed with you after the baptism has been approved by Session.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_

**PLEASE NOTE: No flash photography may be taken during worship services.** This completed form can be mailed or emailed to the church. Please submit a photo of your child to the church office one week prior to the baptism (the photo will be used on the cover of the Sunday bulletin on the day of the baptism).

### TO BE COMPLETED BY CHURCH OFFICE

Date Approved by Session: \_\_\_\_\_

A baptismal counseling meeting with the Senior Pastor is necessary if this is the first baptism at our church.

☐ No ☐ Yes If yes, date counseling meeting was held: \_\_\_\_\_

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

Date of Baptism: \_\_\_\_\_