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### BAPTISM REQUEST FORM

REQUESTING FAMILY SHOULD COMPLETE FORM AND RETURN TO CHURCH ADMINISTRATOR

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

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

Full Christian Names of Parents:

Father \_\_\_\_\_

Mother \_\_\_\_\_

First Name

Maiden Name

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 9:30am Service and shall not be Ordered 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 pictures may be taken during Worship Services.** This completed form can be mailed, faxed, or emailed to the church. Please call to confirm that the church received the fax. 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: \_\_\_\_\_