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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 10:00 am 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: _____