



Baptism Application

Name of Baptized: _____

Birthdate of Baptized: _____

Address of Baptized: _____

Telephone: _____

Parents of Baptized: _____

Members of Trinity? (Infant Baptism)	Father	YES	NO
		YES	NO

If not, what church? _____

Names of Sponsors: _____

Baptism Date: _____

Preferred Time: Sun 10:00am After Service Other

If other, specify: _____