

**FIRST PRESBYTERIAN  
BAPTISM INFORMATION FORM**

(Please PRINT the following information)

CHILD'S FULL NAME \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)  
\_\_\_\_\_ Member \_\_\_\_\_ Non-Member

MOTHER'S FULL NAME \_\_\_\_\_  
(First) (Maiden) (Last)  
\_\_\_\_\_ Member \_\_\_\_\_ Non-Member

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Work # and for which parent \_\_\_\_\_

Email \_\_\_\_\_

Preferred Date of Baptism \_\_\_\_\_

Time of Service 8:30 am \_\_\_\_\_ 9:30 am (summer) \_\_\_\_\_ 11:00 am \_\_\_\_\_

Pastor \_\_\_\_\_

Assisting Elder (to be filled in by Office) \_\_\_\_\_

Memo \_\_\_\_\_

HAVE PARENTS ATTENDED BAPTISM CLASS? \_\_\_\_\_ Yes \_\_\_\_\_ No

HAS SESSION ALREADY APPROVED THIS BAPTISM? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FOR OFFICE USE ONLY**

Copy via email:

Claire Gillaspey, Clerk of Session _____	Pastor Nathan Esser _____
Judy Rops, Membership Team _____	Sheryl Papke, Elizabeth Ministry _____
Karleen Abarr, Worship & Music _____	Dale Griep, Director of Facilities _____
Pam Koepsell, Baptism Coordinator _____	Pastor Pat Hammond _____
Kathie Douma, Children's Ministry Director _____	Chandra Isackson, Admin. Assistant _____

Date Form Submitted \_\_\_\_\_ Date Form Distributed \_\_\_\_\_