

Westminster Presbyterian Church

Application for Baptism of Child

(Please complete and return to office@westminster-church.org.)

Name of Child: $_$		
	(First, Mi	ddle, Last)
Date of Birth:		Hospital:
	(Month, Day, Year)	(Hospital name & location)
Christian Baptism.		upbringing, we wish him/her to receive the Sacrament of ission of our child into the household of faith in which one or tians and active church members.
nelping him/her to	know and to appreciate the Bible and great couraging him/her by our example to take a	ristian faith; for praying with him/her and for him/her; for the Christian literature; for making him/her at home in the house in active part in the worship services and the other activities of
Parent 1 name: _		Former Name:
Parent 2 name: _		Former Name:
Address:		
Parent(s) membe	er of Westminster: YesNo Rel	ationship to a member:
Home phone:		
Parent 1 cellphor	ne:	
Parent 1 email: _		
Parent 2 cellphor	ne:	
Parent 2 email: _		
Date of baptism:		Number of reserved seats for family:
Baptisms take pla	ace during a worship service. Check you	r preference:8:309:4511:00
worship and activit Westminster Presb	ties, you may be photographed and/or video	vare that by participating in Westminster Presbyterian Church otaped and therefore assign and authorize the producer, y, exhibit/publish, and distribute any such videotape and
Parent 1 Signatur	re:	
Parent 2 Signatur	re:	