WESTMINSTER PRESBYTERIAN CHURCH

APPLICATION FOR BAPTISM OF CHILD

(Please complete form and return to Hollie Dowling, dowling@westminster-church.org)

Name of Child: _____
(Please Print in Full)

Date of Birth: _____ Hospital _____
(Month, Day, Year) (Hospital name & location)

Believing that our child is entrusted to us by God for care and upbringing, we wish him/her to receive the Sacrament of Christian Baptism. We recognize in Christian baptism the admission of our child into the household of faith in which one or both of us as parents or guardians are already professing Christians and active church members.

We accept the responsibility for bringing him/her up in the Christian faith; for praying with him/her and for him/her; for helping him/her to know and to appreciate the Bible and great Christian literature; for making him/her at home in the house of God; and for encouraging him/her by our example to take an active part in the worship services and the other activities of the Christian Church.

Mother's Name: _____ Maiden Name: _____

Father's Name: _____

Address: _____

Parent member of Westminster: Yes No Relationship to a member: _____

Home phone: _____

Mother's cellphone: _____

Mother's email: _____

Father's cellphone: _____

Father's email: _____

Date of baptism: _____ Number of reserved seats for family: _____

Baptisms take place during a worship service. Circle your preference: 8:30 9:45 11:00

Photos/Videos at Westminster: We would like to make you aware that by participating in Westminster Presbyterian Church worship and activities, you may be photographed and/or videotaped and therefore assign and authorize the producer, Westminster Presbyterian Church, all rights to reproduce, copy, exhibit/publish, and distribute any such videotape and photography. If you have any concerns, please let us know.

Mother's Signature: _____

Father's Signature: _____

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