

Westminster Presbyterian Church



APPLICATION FOR BAPTISM OF CHILD

(Please complete form and return to Peg Kinsey)

Name of Child: _____

(Please Print in Full)

Mother's Name: _____ Maiden Name: _____

Father's Name: _____

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.

Father's Signature: _____

Mother's Signature: _____

Address: _____

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

Home: _____ Email address: _____

Mother's day or work number _____

Father's day or work number _____

Date of baptism class attended by parents: _____

Date of baptism: _____

Baptisms take place during a worship service. Worship service you wish baptism (circle one) 8:30 9:45 11:00

Number reserved seats for family _____