

Pottstown First United Methodist Church

Application for the Administration of the Sacrament of Infant Baptism

Full Name of Child:

Date of Birth:

Place of Birth:

Full Name of Father:

Father's Church:
(fill in only if a member of a church)

Full Name of Mother:

Mother's Church:
(fill in only if a member of a church)

Date when Baptism will occur:
(to be completed only after consultation with the pastor)

Address:

Phone:

Sponsors:

Dear Pastor:

We desire to present our Child for the Sacrament of Christian Baptism. We, the parents, recognize our own responsibility for the spiritual welfare of our child as we prepare to answer the questions which will be asked of us in the Baptismal Covenant Service. We also understand the seriousness of the commitment we will be making. Further we have read the material provided, and accept the conditions outlined, including any pre-baptismal counseling and attendance requirements.

Father:

Mother:

(Please fill in the above carefully as it gives the necessary information for the baptismal certificate and for the permanent Church Membership Record.)