

Baptism/Dedication Request Form

Parent(s) Name(s): Father _____

(First/Middle/Last) Mother _____

Phone Number: _____

Email Address: _____

Name(s) of person(s) being baptized or dedicated (First/Middle/Last):

_____ DOB: _____ (Month/Day/Year)

_____ DOB: _____ (Month/Day/Year)

Please circle your preference: Baptism or Dedication

Date of Baptism/Dedication: _____ Time: _____

Pre-baptism/dedication meeting date scheduled for ___/___/___ at _____ pm am

Sponsors name(s) if applicable: _____

Special Requests: _____

OFFICE USE:

Calendared: _____

Email sent to verify all information: _____

Date Received: _____