

United Church of Christ Federated

REQUEST FOR BAPTISM

Full name of the person to be baptized:

Date of birth: ____/____/_____

Place of birth: City: _____ State: _____

Father's name: _____

Mother's birth name: _____

Home address:

Street: _____

City: _____ State: _____

Email: _____

Phone: _____

Godparents' name(s):

1) _____

2) _____

3) _____

4) _____

Type of baptism:

Full Immersion

Sprinkling

Date requested for baptism: _____