**REQUEST FOR BAPTISM**

**St. James United Church**

**INFORMATION SHEET**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **PARENT’S NAME** |  |
| **ADDRESS** |  |
| **HOME PHONE / CELL** |  |
| **E-MAIL** |  |
| **CHILD’S NAME** |  |
| **D.O.B. / SEX** |  |
| **PREFERRED DATE OF BAPTISM** |  |
| **APPROVED BY CHURCH** | **Date Approved: Baptism Date:** |
| **PRE-BAPTISM REHERSAL** | **Date:** |
| **NOTES:** |
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