

Session Approval Date: _____

Confirmed Date: _____

Lower Brandywine Presbyterian Church
Application for Baptism



Requested Baptism Date: _____

E-mail Address: _____

Full Name of Child _____

Birth date of Child _____

Place of Birth (Hospital, City, Country, etc.) _____

Father's Name: _____

Mother's Name: _____ (Maiden Name) _____

Address: _____

Phone: _____ (Home) _____ (Work)

Is father a member of Lower Brandywine Presbyterian Church? _____ Yes _____ No

If not, is father a member of another church? _____ Yes _____ No (Give name and address of church below)

Is mother a member of Lower Brandywine Presbyterian Church _____ Yes _____ No

If not, is mother a member of another church? _____ Yes _____ No (Give name and address of church below)

In what way would you like the Lower Brandywine congregation to nurture your child?

We/I have studied the enclosed Statement of Policy and desire to have our/my child baptized in keeping with the policy.

Signature

Signature