First Congregational Church
608 E. William Street
Ann Arbor, MI 48104-2420
734-662-1679

Baptismal Ceremony Request

Print Form

☐ Male ☐ Female

Person to be Baptized: _____ _____ _____ _____

(First Name) (Middle Name 1) (Middle Name 2) (Last Name)

Date of Birth: _____ **Place of Birth:** _____

Ceremony Information

Requested _____ **Baptized by:** _____

Date of Baptism: _____ **Where Baptized:** _____

Certificate & Bible Information

Parent 1 Name: _____ _____ _____ _____

(Maiden Name)

Parent 2 Name: _____ _____ _____ _____

(First Name) (Middle Name 1) (Middle Name 2) (Last Name)

Sibling's Name & Age: _____

God Parent/Sponsor Name: _____ _____ _____

God Parent/Sponsor Name: _____ _____ _____

(First Name) (Last Name) (Relationship to Child)

General Information

Contact Person: _____

Address: _____

Phone Number: _____ **E-Mail:** _____

Additional Comments: _____

_____

_____

_____

Information Taken By: _____ **Date:** _____

Checked with Minister's Calendars? ☐
Entered on Church Calendar? ☐
Baptism Brochure Mailed? ☐
Deacons Notified? ☐
Spelling Checked? ☐

Single White Rose Ordered? ☐
Certificate Done? ☐
Bible Done? ☐
Entered into ACS? ☐

Form Updated February 7, 2006