



Baptism Request Form

**Please complete and return to the address listed below
or send to office@alpharettapres.com .**

Name of child/adult:

(First) (Middle) (Last)

Date of birth: _____ Place of birth: _____

Name of parents: _____

Phone: _____

Email: _____

Name of siblings: _____

Name of grandparents attending: _____

Requested date of baptism: _____ Service time: 9:30 a.m. / 11:00 a.m.

Requested clergy: _____

Requested elder (if any): _____

FOR CHURCH USE ONLY

Signature of officiating pastor: _____

Once approved, copy to:

_____ Clerk of Session

_____ Worship Committee Elder (banners)

_____ Presbyterian Women (gift bible)

_____ Choir Director (welcome song)

_____ Acolyte Coordinator (water)

_____ Office Assistant (certificate)

Alpha-Theta Presbyterian Church

180 Academy Street • Alpha-Theta, Georgia 30009 770-751-0033 www.alpharettapres.com