



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: _____

Address: _____

Name of Siblings: _____

Name of grandparents attending: _____

Requested date of baptism: _____ Service time: 9:30 am
 11:00 am

Requested clergy: _____

Requested elder: _____

FOR CHURCH USE ONLY

Signature of officiating pastor: _____

Once approved, copy to:

- | | |
|---|---|
| _____ Clerk of Session | _____ Choir Director (welcome song) |
| _____ Worship Committee Elder (banners) | _____ Acolyte Coordinator (water) |
| _____ Presbyterian Women (gift bible) | _____ Office Assistant (certificate, process) |