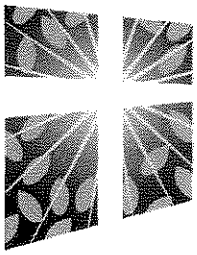

Fox Chapel Presbyterian Church

384 Fox Chapel Road
Pittsburgh, PA 15238

INFANT BAPTISM APPLICATION

(Please Print)

Child's Name _____ ☐ Male ☐ Female
First Middle Last

Date of Birth _____ Place of Birth _____
Month/Day/Year City State

Requested Baptism Date _____ ☐ 8:30 a.m. Service ☐ 9:30 a.m. Service ☐ 11:00 a.m. Service

Father's Name _____
First Middle Last

Work Phone # _____ Cell Phone # _____

Church Membership _____ _____
Name of Church Address Phone #

Mother's Name _____
First Maiden Last

Work Phone # _____ Cell Phone # _____

Church Membership _____ _____
Name of Church Address Phone #

Family Address _____
Street City State Zip

Home Phone # _____ Email address: _____

As Christian parents, we desire that our child receive the Sacrament of Christian Baptism. We realize we are the vital force in fostering our child's spiritual growth and are ready to make public affirmation of our faith and promises to Christ and His Church.

Father's Signature _____

Mother's Signature _____

(Application must be received in the church office six weeks before the Baptism date)