

384 Fox Chapel Road Pittsburgh, PA 15238

INFANT BAPTISM APPLICATION

(Please Print)					
Child's Name First M				Male	
First N	/liddle	Last		Female	
Date of Birth	Place of Birt	th			
Month/Day/Year		City		State	
Which service do you attend?	☐ 9:30 a.n ☐ 11:00 a.ı	m. Traditional n. Contempor m. Traditional	ary Servi	ce	
Father's Name First					
First	Middle		Last		
Work Phone #	Cell Phone	e #			
Church Membership					
Name of Chu	ırch Add	Address		Phone #	
Mother's NameFirst					
First	Maide	Maiden		Last	
Work Phone #	Cell Phon	ne #			
Church Membership					
Church MembershipName of Church	ch Add	ress		Phone #	
Family Address					
Family AddressStreet	City		State	Zip	
Home Phone #	Email address:				
As Christian parents, we desire that our child we are the vital force in fostering our child's so of our faith and promises to Christ and His C	spiritual growth and				
Father's Signatu	re				
Mother's Signatu	ıre				

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