

BAPTISM FORM

Oakdale Church

1. Today's Date (*month/day/year*): _____

2. Full Name, Gender, Birth Date, & Place Born of each child to be baptized:

Child(ren)'s Full Name (<i>first middle last</i>)	Gender (<i>M or F</i>)	Birth Date (<i>month/day/year</i>)	City, County & State Born

3. Child(ren)'s Home Address and Phone Number:

Home Address	Home Phone Number

4. Parent/Guardian Names and Contact Information:

Parent Name(s) (<i>both parents if appropriate</i>)	<i>Father:</i> <i>Mother:</i>	<i>Maiden Name:</i>
Home & Cell #'s	<i>Father home #:</i> <i>Mother home #:</i>	<i>Cell #:</i> <i>Cell #:</i>
Email Address	<i>Father:</i> <i>Mother:</i>	
Home Address (<i>if different than child</i>)		

5. Sponsors' (godparents) Names and Phone Numbers:

Sponsor/Godparent Name	Phone Number

6. Have you ever met with (or attended a class with) one of our current ordained pastors with regard to baptizing this child or another child of yours? (circle one) **YES** **NO**
 If YES, please list below the pastor's name and date of the meeting or class.

Pastor's Name	Date of Meeting (Approx. OK)

7. Is there at least one parent/guardian or sponsor/godparent who is currently able and willing to meet the guidelines as laid out in the document "Baptism Guidelines For Children and Others Unable to Answer for Themselves"? Please read it. (Document online OR if this is part of a printed packet, it's attached)

List names of all parents and sponsors who currently meet these guidelines:

1. _____ 2. _____
 3. _____ 4. _____

8. If you are ready, please list below your first and second choice to baptize your child(ren). We typically try to stay away from the first weekend of the month because of Holy Communion. While we can tentatively schedule baptisms at this point, dates will not be confirmed until after attending a Baptism Class.

We Request Baptism on _____ or _____ (month/day/year)

(We will reserve up to two rows of seats up front on the day of the baptism for your family and friends.)

(for Oakdale use only below dotted line)

 Date form received: _____ Pastor reviewed & contacted family: _____ (pastor's initials)

Attended Meeting: YES NO Baptism scheduled & confirmed (Post-Class): _____ (secretary's initials)

Notes: