



## REQUEST FOR BAPTISM of a Child

Full name of person to be baptized

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Birthdate of person to be baptized

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Name of Parent(s)

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Is Parent an active member of Second Presbyterian Church?    Yes    No

If parent is not a member of SPC, is the parent an active member of another Christian church?

Yes    No

If yes, please provide name and address of church: \_\_\_\_\_

For Office Use Only:

Date Approved by Session:

Proposed Date of Baptism: