

First Congregational United Church of Christ
Application for the Baptism of Children
Please return this form at least one month before the baptism date.

Child's Full Name (First, Middle, Last): _____ Gender: M / F

Date of birth: _____ Birthplace (City, State): _____

Date of baptism: _____ Service (Circle one): 8:45 AM / 10:30 AM / 9:30 AM

Pastor: _____

	Parent 1	Parent 2
Parent's Name (First MI Last)	Maiden Name:	Maiden Name:
Parent's Address		
Parent's Church Relationship		
Parent's Phone Number		
Parent's Email		

Is this your family's first baptism at First Congregational? (circle one) Yes / No

Will your child have sponsors or godparents? (circle one) Yes / No

If so, would you prefer they be called? (circle one) Sponsor / Godparent

	Sponsor / Godparent 1	Sponsor / Godparent 2
Sponsor/Godparent's Name (First and Last)		
Sponsor/Godparent's Address		

Please list any additional sponsors/godparents in the space below or on the back side of this paper.

—The Church of the Open Door—

**FIRST CONGREGATIONAL
 UNITED CHURCH OF CHRIST**



724 E. South River Street, Appleton, WI 54915

Office Use Only:

Church Record ___ Red Book ___

Yellow Card to Log Book ___

Application to File Cabinet ___

R01/24/2017

Please initial each line to indicate acceptance:

____ I acknowledge that I have read the Photography Policy and will adhere to it.

By signing below, you acknowledge receipt of the policies listed above. You further acknowledge that you have read, understand, and accept each policy in its entirety, and have indicated so by initialing above.

Signature of Applicant _____ Date _____

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