Requested Date of Baptism:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Mode of Baptism: 🞏Pouring 🞏Sprinkling 🞏Immersion

|  |  |
| --- | --- |
| **Information of Person to be Baptized** | |
| Full Name |  |
| Sex |  |
| Date of Birth |  |
| City/State of Birth |  |
| Address |  |
| Phone Number |  |
| Email |  |

Please check the ones that apply:

* 🞎 I’m a member of St. Luke A.M.E. Church and I want to be baptized
* 🞎 I’m a member of St. Luke A.M.E. Church and I want to have my child baptized (Fill out the information below please.)
* 🞎 I’m not a member of St. Luke A.M.E. Church but I want to be baptized – If you’re a member at another church, what is the name of your church?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Information of Parents if your Child who is under 18 is being Baptized** | |
| Father’s Full Name |  |
| Mother’s Full Name |  |
| Date of Marriage |  |
| Address |  |
| Phone Number |  |
| Email |  |
| Child’s Full Name |  |
| Child’s Date of Birth |  |
| City/State of Birth |  |
| Are you a member of St. LukeA.M.E. Church? | 🞏Yes 🞏No If yes, how long have you been a member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Information of Godparents** | |
| Godfather’s Name |  |
| Godmother’s Name |  |

Signature of Baptism Candidate or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under 18 years of age, Name of Guardian Above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

Date of Baptism: Elder Assisting: