



SAINT TIMOTHY'S CHURCH

NON-INFANT BAPTISM APPLICATION

Full Name of Baptism Candidate			
Full Address			
Phone No.			
Date of Birth (including year)			
Place of Birth (city, state)			
Baptism to include St. Timothy's Membership?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
Baptism type	<input type="checkbox"/> Sprinkling		
	<input type="checkbox"/> Immersion		
Will You Have a Sponsor?	<input type="checkbox"/> Yes	Sponsor(s) Name(s)	
	<input type="checkbox"/> No		

TO BE SIGNED BY BAPTISMAL CANDIDATE OR PARENTS

I desire the Sacrament of Baptism and agree that I will attend at least one consultation with the Rector in advance of Baptism.

Individual or Parent(s)' Signature(s) _____

TO BE FILLED IN BY RECTOR OR STAFF

Date of Baptism _____

- Handling:
 - Send notification to Lay Chaplain to add to Staff Meeting Notes for Proper Handling
 - Send form to Parish Administrator to file, prepare certificate, and enter in Planning Center (if necessary)