

**PHILADELPHIA PRESBYTERIAN CHURCH
BAPTISMAL REQUEST FORM**

Date Request Received at PPC ____________

<u>Requested Dates</u>	
1. ____________	10:30 a.m.
2. ____________	10:30 a.m.
3. ____________	10:30 a.m..

Child's Full Name: _____ Gender: ____

Birth Date: ____________ Place of Birth: _____

Father's Full Name: _____ Goes By: _____

Mother's Full Name: _____ Goes By: _____

Address: _____

Phone: (h) _____ Phone: (w) Mother: _____

Phone: (w) _____ Members of PPC Since: _____

<u>Name(s) of Siblings</u>	<u>Age</u>	<u>Baptized at PPC?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Name of Elder</u>	<u>Relationship</u>	<u>Elder's Church</u>
_____	_____	_____

Please return the request form to the Pastor at the church office **at least one month prior** to the date you are requesting.