Alpharetta Presbyterian Church
Infant/Child Baptism Request Form
Please complete and return to Carol Sweet (180 Academy St., Alph. 30009)

Name of child: _____
(First) (Middle) (Last)

Date of birth:_____ Place of birth: _____

Name of parents:_____

Name of siblings: _____

Names of grandparents attending: _____

Requested date of baptism: _____ Service time:_____

Requested clergy:_____ Requested elder:_____

FOR CHURCH USE ONLY---Once approved, copy to:

Signature of pastor: _____

Approved by Session? Yes / No Approval Date: _____

_____Administrative Assistant (certificate)
_____Worship Committee Elder (banners, Elder)
_____Presbyterian Women (gift bible)
_____Acolyte Coordinator (water)
_____Choir Director (welcome song)