

BAPTISM REQUEST FORM

(Please return form to Kim Steveson at kstevesson@holycrossfw.org or 260-739-6516)

Date Attended Pre-baptism Meeting _____

Date: _____

Full Name [] Child [] Adult

Month/Day/Year Birth Place

Student at Holy Cross [] Yes [] No

Teacher's Name

Member at Holy Cross [] Yes [] No

Father's Full Name

Home Phone: _____

Street Address

Cell Phone: _____

City State Zip

Email: _____

Member at Holy Cross [] Yes [] No

Mother's Full Name

Home Phone: _____

Mother's Maiden Name

Cell Phone: _____

Street Address

Email: _____

City State Zip

Sponsor's Name

Church Affiliation

Sponsor's Name

Church Affiliation

Date Requested: _____ (During Church Service - 2nd or 4th Sundays or Saturdays, please)

Service Time Requested:

[] Saturday 5:00 p.m. [] Sunday 8:30 a.m. [] Sunday 10:30 a.m. [] Monday 6:30 p.m.

[] Sunday 9:00 a.m. (Summer only)

[] During Service [] After Service [] Chapel [] Church

of pews to reserve in church _____

Officiant: _____

Comments: _____