



**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Church Office Hours:  
Monday – Thursday, 10 a.m. to 2 p.m.  
(440)-786-8480 Office

## **BAPTISM REQUEST FORM**

Please complete the following request for baptism. After the information is reviewed, we will confirm your baptism date via email or mail and provide further information for the day of baptism. Please contact our office if you have any questions or need further information.

Full Name: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
(Please include City, State and Zip)

Primart Phone Number: (\_\_\_\_) \_\_\_\_\_ Secondary Contact Number: (\_\_\_\_) \_\_\_\_\_

Email Contact: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### **PARENTS INFORMATION (for child's Baptism only)**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_