

INFANT AND CHILD BAPTISM FORM



**PORT
COMMUNITY
CHURCH**

118 Main Street (Church)
66 Pomona Ave (Homebase)
Port Republic, NJ 08241

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We are always blessed to participate in this very special holy sacrament of baptism with your family. We believe that by choosing to have your child baptized, you are declaring that you believe in Jesus Christ and are a part of the body of Christ, and the larger church family of Port Community Church. The baptismal covenant is connectional in nature, made in public and witnessed by others who vow to support your family in nurturing the development of your child. Therefore, faithful attendance is a very important part of this promise before God.

Complete the baptism form and meet with the pastor to review the covenant you are making and we will be in touch. ***Completing this form does not guarantee that the date is available.** Upon completing the baptism form, you will be contacted by a member of our staff to confirm your baptism date and officiant.

Official Name of Your Child:

FIRST

MIDDLE

LAST

(NAME YOUR CHILD GOES BY)

CHILD'S BIRTHDATE: ___/___/___

GENDER: FEMALE MALE

(MONTH/DATE/YEAR)

BIRTH PLACE:

(CITY, STATE)

HOSPITAL

CURRENT ADDRESS:

(ADDRESS)

(STATE)

(ZIP)

CONTACT INFORMATION:

(CELL PHONE)

(ALTERNATE PHONE)

(EMAIL)

PARENTS' or GUARDIANS' NAMES

(FATHER'S NAME)

(MOTHER'S NAME)

GOD PARENTS:

(FIRST & LAST NAME)

(FIRST & LAST NAME)

REQUEST FOR DATE FOR BAPTISM:

ALTERNATE DATE:

*WORSHIP SERVICES ARE ON SUNDAY MORNINGS AT 10:00AM

(MONTH/DATE/YEAR)

(MONTH/DATE/YEAR)