



First United Church

PO Box 185, 711 Prince Street
Truro, Nova Scotia B2N 5C1
Telephone: (902) 895-8098 Fax: (902) 893-9376



E-Mail: firstunitedtruro@ns.aliantzinc.ca Web Site: www.firstunitedtruro.ca

Request for Baptism

Child's Name _____ Date of Visit ____ / ____ / ____

Father's Full Name _____

Mother's Full Name _____

Mother's Maiden Name _____

Address: _____

(Mailing if different) _____

Phone: Home: _____ Work: _____

Child's Place of Birth _____ Birth Date _____

Sponsor for Congregation _____ Phone: _____

Are you planning to have godparents? Yes: ____ No: ____

If yes, give their names: _____

The Sacrament of Baptism is scheduled one Sunday each month. Month you prefer: _____

Are parents confirmed members of the church? Mother _____ Father _____

If no, are you interested in becoming members? Mother _____ Father _____

In which church is membership held? Mother _____

Denomination

Father _____

Denomination

Names of other children in your family and year of birth for each:

<u>Name</u>	<u>Year of Birth</u>	<u>Baptized/Confirmed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved by Worship: Date: ____ / ____ / ____ Chair: _____