

## **Infant Baptism Questionnaire**

**1. Name of Parents:**

**Address:**

**Phone:**

**2. Are you currently members of Christ Community Church?**

**3. Child's full name:**

**Child's date of birth:**

**4. How would you like your child(ren) to be more like Christ than you are presently?**

**In what areas?**

**5. What is your vision for your child's spiritual life?**

**6. Why do you want to have your child baptized?**