

BAPTISM REQUEST

First Presbyterian Church

Beaufort, South Carolina

Baptismal Candidate's Full Name: _____

Date of Birth: _____ Gender: _____

Father's Full Name: _____

Mother's Full Name: _____

Home Address: _____

Telephone: _____

Email Address: _____

Desired Sunday for Baptism: _____

Desired Elder to Assist for Infant Baptism: _____

Approximate Number of Family Members Attending Service: _____

Please mail this completed form to:

First Presbyterian Church

P.O. Box 1226

Beaufort, SC 29901

or

Email this completed form to:

fpcbeaufort@centurylink.net

or

Bring this completed form to:

First Presbyterian Church

1201 North Street

Beaufort, SC 29902

Please note all Baptism requests are subject to Session approval.