



REQUEST FOR BAPTISM OF A CHILD

Wycliffe Presbyterian Church

Child's Full Name (First, Middle, Last): _____

Child's Date of Birth: _____ Place of Birth: _____

Mother's Full Name: _____

Father's Full Name: _____

Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Names of Sponsors (Godparents, etc.): _____

Requested Date for Baptism:* _____

Signature of parent/guardian

Date signed

*Please note that attendance in a Baptismal Preparation Class is required by child's parent(s) prior to the Baptism.



WYCLIFFE PRESBYTERIAN CHURCH

1445 N. Great Neck Road
Virginia Beach, VA 23454
Phone: 757-496-2620
E-mail: office@wycliffepresbyterian.org

For Office Use Only

Actual Date of Baptism: _____

Date Approved by Session: _____

Presiding Clergy: _____

Location if other than Wycliffe: _____

Clerk of Session: _____