

# EGLINTON ST. GEORGE'S UNITED CHURCH

## REQUEST FOR INFANT/CHILD BAPTISM

**CHILD'S NAME** (in full, please print clearly) \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_

**FATHER:** Name (in full) \_\_\_\_\_

Telephone: \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you baptized? \_\_\_\_\_ Are you a member of Eglinton St. George's United Church? \_\_\_\_\_

**MOTHER:** Maiden Name (in full) \_\_\_\_\_

Name by which mother is known: \_\_\_\_\_

Telephone \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you baptized? \_\_\_\_\_ Are you a member of Eglinton St. George's United Church? \_\_\_\_\_

If neither parent is a member of Eglinton St. George's, who is the Sponsor for this child's baptism?

Names & birth dates of your other children.

Have you had children baptized before? \_\_\_\_\_ Where? \_\_\_\_\_

Why are you requesting baptism at this time? \_\_\_\_\_

What plans do you have for helping your child grow in the faith and deepen his/her commitment to Christ?

Names of God Parents \_\_\_\_\_

**Date requested for this baptism:** \_\_\_\_\_

We are delighted that your family will continue to be part of the family of Eglinton St. George's United Church. If for some reason your child is not currently part of our church, in which Christian congregation will you and your children be participating?

**Please fill out and return to:**  
Connie Capes-Leslie  
Minister of Education and  
Congregational Development  
Eglinton St. George's United Church  
35 Lytton Boulevard  
Toronto, Ontario M4R 1L2

**For Office Use:**  
Date of Interview: \_\_\_\_\_  
Interviewed by: \_\_\_\_\_  
Board Approval: \_\_\_\_\_  
Date of Baptism: \_\_\_\_\_  
Certificate Prepared: \_\_\_\_\_