



First Presbyterian Church

New Bern, North Carolina

Request for the Sacrament of Baptism for an Infant or Child

Date Desired: _____ Worship Service: 8:30 A.M. _____ 11:00 AM. _____

Pastor performing baptism: _____

Parent(s) full name(s): _____

Address: _____

Phone: _____ Email: _____

Full Name of Child: _____

Date of Birth: _____

Place of Birth (Hospital): _____

City of Birth: _____ State of Birth: _____

Elder Requested: _____

Has the elder listed above been contacted? _____

Signature: _____ Date: _____

Please return to the church office:

First Presbyterian Church ~ P.O. Box 1069 ~ New Bern, NC 28563 ~ church@firstpresnb.org