



## Request for the Sacrament of Baptism for an Infant/Child

Date Desired: \_\_\_\_\_ Date of this Request: \_\_\_\_\_

Person making this Request: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

(Please print clearly as this information will appear on the certificate)

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Full Name of Infant/Child 1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (Hospital): \_\_\_\_\_

City of Birth: State of Birth: \_\_\_\_\_

Full Name of Infant/Child 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (Hospital): \_\_\_\_\_

City of Birth: State of Birth: \_\_\_\_\_

**\*\*Please use back of sheet if more than 2 children\*\***

*Please return this form to:  
Westminster Presbyterian Church  
attn: Matt Marco  
724 Delaware Avenue  
Buffalo, New York 14209-2294  
or mmarco@wpcbuffalo.org*

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cc: \_\_\_\_\_ Tom Yorty \_\_\_\_\_ Lenore Neiler \_\_\_\_\_ Debbie Katz  
\_\_\_\_\_ Jamie Adamczyk \_\_\_\_\_ Sawrie Becker \_\_\_\_\_ Calendar  
\_\_\_\_\_ Garrett Martin

Certificate printed \_\_\_\_\_