

Baptism

Chapel Hill Presbyterian Church

Chapel Hill Presbyterian Church Application Requesting Baptism of Our Child

Baptism is a sacrament of the Presbyterian Church and we believe God will be present during the baptism and in the life of your child. Please tell us about your own faith journey and plans for the future:

| | |
|--|---------|
| 1. <i>When did you first come to know Christ?</i> | |
| Mother: | Father: |
| 2. <i>What challenges do you see for raising a child to know and love the Lord these days?</i> | |
| Mother: | Father: |
| 3. <i>How can you build now for those future conversations:</i> | |
| Mother: | Father: |
| 4. <i>How can the church be a help to you as you raise your child in the love of the Lord?</i> | |
| Mother: | Father: |
| 5. <i>Please share a scripture verse that is meaningful to you. It will be shared during the baptism ceremony and also included on the Certificate of Baptism:</i> | |

Dear friends:

One of the most tender moments in our church life is when we baptize the children of Christian parents, walking them around the congregation to be touched by members of their church family. I'm delighted that you will now present your own child for this wonderful, holy moment.

Infant baptism reminds us that God loved us while we were helpless—as helpless as a little child. When we baptize a little one, we are declaring, not that they are the "church of the future," but that they are every bit as much of the church as their adult brothers and sisters in Christ.

You will make vows to raise your children in the Lord. I urge you to be diligent in keeping those promises. As your church, we will make promises, too, to help you fulfill your vows. But most importantly, this sacrament is a gift from Jesus to you and to your church. May the power of this sacrament stay with you all of your life.

Your brother in Christ,

Pastor Mark

Chapel Hill Presbyterian Church

Request for Baptism

Please complete both sides of this form, sign, and return to the Worship Department

| | |
|------------------------|--|
| Full Name of Child | |
| Child's Date of Birth | |
| Child's Place of Birth | |
| Father's Full Name | |
| Father is a member of | |
| Mother's Full Name | |
| Mother is a member of | |
| Mailing address | |
| City, State, Zip | |
| Daytime Phone | |

Baptismal Service Request

| | |
|-------------------|--|
| Requested Date | |
| Requested Service | 8:15 am 9:30 am 10:57 am |
| Requested Pastor | Toone Vaccaro Mead |
| Reserved Seating | Reserve seating will be needed for _____ people. |

For office use only:

Date & Service time confirmed Pastor confirmed by _____ on _____.

Copies to: Communications Worship Director Ushers Parent Database

Original to Clerk of Records on _____ Initials _____.