

Seekonk Congregational Church

BAPTISM FORM

NAME OF CHILD _____

PARENTS' NAMES _____

ADDRESS _____

PHONE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

WORSHIP TIME (9:00AM OR 10:30AM) or (Summer 9:30AM)

DATE OF BAPTISM _____

PLEASE READ THE TWO SERVICES OF BAPTISM AND SELECT ONE

___SERVICE READING I

___SERVICE READING II

NAMES OF GODPARENTS / SPONSORS (OPTIONAL) _____

OTHER QUESTIONS / CONCERNS CALL 508-336-9355

Flash pictures ARE NOT ALLOWED during the worship service. If you wish to “recreate” any of the baptismal service, please inform the pastor and this can be done following the morning worship. Video is permitted as long as the person taking the film remains seated and uses no extra lighting.

You are responsible to inform any guests attending the worship service that no flash pictures are allowed. Also if children are present for the baptism please inform guests to take them to the quiet rooms in back or over to the nursery in the hall if they find it hard to be quiet. (Members come to hear the Word in the Sermon and appreciate the quiet.)

Please return this form to the church two weeks prior to scheduled baptism.

600 Fall River Avenue
Seekonk, MA 02771

***Please see the other side of form ~ which is
The Covenant of Baptism for you to sign prayerfully.***

A COVENANT OF BAPTISM

As parent(s) of _____
(*name of child*)

I/We understand that I/we are making promises before God to raise our child in the Christian faith and will do everything in our power to enable him/her to attend church school (*nursery – 8th grade*) and be in community with other children to learn the lessons of faith and values for life.

I/We will lead our child to communion at Christ's Table (*2nd Grade Class, September - June*) and to Confirmation (*9th grade*) in order for him/her to fulfill the promises we are making in this Holy Sacrament of Baptism.

Signed _____

Parents of Child