

**GREAT BRIDGE PRESBYTERIAN CHURCH
BAPTISM ROUTING FORM**

(Use one form for each infant, child, youth or adult)

(CHECK ONE: ___ INFANT/ ___ CHILD/ ___ YOUTH/ ___ ADULT)

DATE: _____

PASTOR REQUESTED: _____

FULL NAME: _____

FOR CHILD

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

NAME OF PARENTS: _____

ADDRESS: _____

REQUESTED BAPTISM DATE: _____

PREFERRED SERVICE: **8:30** **9:45** **11:15**

For Office Use:

_____ Copy to officiating pastor to approve date and schedule appointment

_____ Confirm approved date with candidate

_____ Copy for Director of Music/Contemporary Worship Director

_____ Copy for Clerk of Session

_____ Copy for Media & Membership Secretary