



Baptism Request Form

Please contact the office at office@mpcusa.net to schedule a date

Child's Full Name: _____

Date of Birth: _____ City/State of Birth: _____

Parent's Full Name: _____ Email _____

Member? : ___Yes___No. If not a member of Morrisville, name and address of other church where parent is a Member:

Parent's Full Name: _____ Email _____

Member? : ___Yes___No. If not a member of Morrisville, name and address of other church where parent is a Member:

Name of Sponsors and Name of Church of which each is a member:

Parent's Address: _____

Parent's Phone Number: _____

We Desire that our child be baptized:

_____ Parent's Signature

_____ Parent's Signature

771 N Pennsylvania Avenue, Morrisville, PA 19067 • 215-295-4191

For Office Use: Date Requested _____ Date Scheduled _____