



First Presbyterian Church

815 Church Street
Hawley, Pennsylvania 18428
The Rev. William L. Samford, Pastor
Telephone (570) 226-4835

Request for the Sacrament of Baptism for an Infant/Child

Date Desired: _____ Date of this Request: _____

Person making this Request: _____

Address: _____

Phone: _____

(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 for to:

First Presbyterian Church
Attn: The Rev. William Samford
815 Church Street
Hawley, PA 18428

Certificate Printed: _____

Pastor: _____