



BAPTISMAL REGISTER INFORMATION

(Complete form and return to MCC Toronto as soon as possible,
ATTN: Senior Pastor's office or email completed form to: office@mccutoronto.com)

NAME: _____
(LAST) (FIRST) (MIDDLE)

NAME TO BE USED DURING SERVICE _____

PLACE OF BIRTH: _____ **DATE OF BIRTH:** _____
(MTH/DAY/YR)

PREFERED GENDER PRONOUN: _____ **AGE:** _____

ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

CONTACT PERSON (if other than above): _____

DATES REQUESTED (please provide 3 options except the first Sunday of the month):

TIME REQUESTED: 9AM 11AM 7PM (circle one or more times that work for you)

PARENTS: _____
(LAST) (FIRST) (MIDDLE)

(LAST) (FIRST) (MIDDLE)

(PLEASE USE FAMILY BIRTH NAMES WHERE POSSIBLE)

SPONSORS / GODPARENTS (not required if adult Baptism):

(LAST) (FIRST) (MIDDLE)

(LAST) (FIRST) (MIDDLE)

Number of Guests Attending _____

Fee: Please note that there is no fee for baptisms; however, an honorarium for the clergy performing the baptism is appreciated. The honorarium should be given to the clergy or to the worship coordinator to give to the clergy.

name
date

Page 2

For Office Use Only

	Date Received	
	Date Confirmed	
	Presiding Pastor	Rev.
	Entered In Baptism Registry	
	Entered in PowerChurch	

(03/16/18)