



MT. CARMEL BAPTIST CHURCH OF BATON ROUGE

5262 Prescott Road | Baton Rouge, LA 70805 | 225-355-0449

Website: mtcarmelbtr.com | Email: mtcarmelbtr5262@gmail.com

Dr. Andra Johnson, Pastor

BAPTISM REQUEST FORM

Buried with Him in baptism, wherein also ye are risen with Him through the faith of the operation of God, who hath raised Him from the dead. – Colossians 2:12 (KJV)

Requested Date for Baptism: _____ Service Time: _____

INFORMATION OF PERSON TO BE BAPTIZED

FULL NAME: SEX:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE: EMAIL:

Please check all that apply:

- I'm a member of Mt. Carmel Baptist Church of Baton Rouge and I want to be baptized
- I'm a member of Mt. Carmel Baptist Church of Baton Rouge and I want to have my child baptized (Fill out the information below please.)
- I'm not a member of Mt. Carmel Baptist Church of Baton Rouge but I want to be baptized – If you're a member at another church, what is the name of your church? _____

Information of Parents if your Child is being Baptized

Father's Full Name: _____

Mother's Full Name: _____

Address: _____

Phone Number: _____

Email: _____

Child's Full Name: _____

Child's Date of Birth: _____

City/State of Birth: _____

Are you a member of MCBC? Yes No If yes, how long have you been a member: _____

INFORMATION OF GODPARENTS

Godfather's Name: _____

Godmother's Name: _____

SIGNATURE: _____

IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT: _____

OFFICE USE ONLY

Date of Baptism Approval: _____

Elder Assisting: _____

Copies To:

- Requested Pastor
- Officiating Clergy