



St. David's Trinity United Church

3318 Merritt Street
Saskatoon, Sask S7M 3P6

Office: 306-978-0707

e-mail: st.davidstrinityuc@sasktel.net

REQUEST FOR CHILD BAPTISM

CHILD'S NAME (In Full): _____

Date of Birth: _____

Gender: _____

Place of Birth: _____

Family Residence: _____

Telephone Number: _____

e-mail: _____

Father's full name: _____

Mother's FULL MAIDEN name: _____

Have you had any children baptized before? _____

If so, what are their names and what was the name of the Church in which they were baptized?

Godparents are not required in the liturgy of the United Church of Canada. However, some families like to have Godparents as witnesses and part of the baptismal service. If it is your intention to have Godparents for your child, would you please indicate their names and addresses in the space below:

Which date(s) would you like the Baptism to take place? _____

Please return this form to the Church Office as soon as possible. Thank-you!