

**OAKLAND AVENUE PRESBYTERIAN CHURCH**  
**Baptism Information Form**

**Please provide the information requested – print or write clearly.**

**Return completed Form to Church Office at least three weeks  
prior to the date of the Baptism.**

**NAME (IN FULL):** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**NAMES OF PARENTS (IN FULL):** \_\_\_\_\_

\_\_\_\_\_

**DATE OF BAPTISM: (first choice)** \_\_\_\_\_

**(second choice)** \_\_\_\_\_

**(third choice)** \_\_\_\_\_

**TIME OF BAPTISM:** Summer schedule 10:00 a.m.; Regular schedule 8:45 a.m. or 11:00 a.m. (circle preference)

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**PLEASE – NO PHOTOGRAPHY DURING THE WORSHIP SERVICE**

**Approx. number of guests for whom you would like us to reserve seating:** \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

**DATE RECEIVED BY OFFICE:** \_\_\_\_\_

**PASTOR ADMINISTERING BAPTISM:** \_\_\_\_\_

**ASSISTING DEACON (from family's DeaconCare Group):** \_\_\_\_\_

***DEACON TO CONFIRM THEIR PRESENCE  
AND INVOLVEMENT WITH THE RECEPTIONIST, [oapc@oapc.us](mailto:oapc@oapc.us), 803-327-2006, ext. 226***

**COPIES TO:**

|                              |                          |                         |
|------------------------------|--------------------------|-------------------------|
| PASTOR/HEAD OF STAFF         | DEACON (Name: _____)     | ) NURSERY DIRECTOR      |
| HEAD OF MUSIC MINISTRIES     | HEAD USHER (Name: _____) | ) CONG. CARE COMMITTEE  |
| BUSINESS ADMINISTRATOR       | SESSION CLERK            | BAPTISM BOOKS           |
| ASSOCIATE PASTOR, COMPASSION | SESSION VICE CLERK       | CONG. LIFE ADMIN. ASST. |
| DIR. OF CHILDREN'S MINISTRY  |                          | DIR. OF COMMUNICATIONS  |