

**Chapel of the Resurrection
Baptism Application Form**

For Chapel Office use only

Approved baptism date: _____ Time: _____

Approved by University Pastor: _____ Date: _____

Baptism Date Requested : _____ Time: _____

Alternative Baptism Dates : _____ Time: _____

Clergy Information

Officiating Clergy Name: _____

Telephone: _____ Email: _____

Denomination: _____

Church/Parish Affiliation: _____

Address: _____

(City) (State) (Zip Code)

Name of Child: _____
(First) (Middle) (Family)

Date of Birth: _____ City of Birth: _____ State: _____
(Month/day/year)

Address: _____
(Street) (Apt. Number)

(City) (State) (Zip Code)

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Father's Name: _____
(First) (Middle) (Family)

Address: _____
(If not the same as child's)

(City) (State) (Zip Code)

Telephone: Residence _____ Office: _____

Mobile: _____ Email address _____

Religion/Denomination: _____

Valparaiso University Graduate: Yes. Year attended: _____ through: _____ No

Is father of the child currently on the faculty or staff of Valparaiso University? *(Please list names and positions).*

Mother's Maiden Name: _____
(First) (Middle) (Family)

Address: _____
(If not the same as child's)

(City) (State) (Zip Code)

Telephone: Residence _____ Office: _____

Mobile: _____ Email address _____

Religion/Denomination: _____

Valparaiso University Graduate: Yes. Year attended: _____ through: _____ No

Is mother of the child currently on the faculty or staff of Valparaiso University? *(Please list names and positions).*

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Baptismal Sponsor's Name: _____

Baptismal Sponsor's Name: _____

If the application is approved and a service is scheduled, the baptistery will be ready for your service complete with the large paschal candle, which is traditionally lit for baptisms. Any additional items required for the service will be provided by the officiating clergy and/or your family.

Chapel of the Resurrection is not a congregation; therefor the officiating clergy and your family will assume responsibility for registering your child's baptism at his/her home church.

I have read the information and guidelines concerning Baptism Services conducted in the Chapel of the Resurrection, and agree to abide by these principles and guidelines if this application is approved and a service is scheduled.

Requestor's Name: _____

Relation to the child: _____

Telephone: _____ Email address _____

Signed _____ Date: _____