

# BABY BAPTISMAL PACKET



**SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH**

**1892 NW 51<sup>ST</sup> TERRACE**

**MIAMI, FLORIDA 33142**

**(305) 634-3720 phone**

**(305) 638-5449 fax**

**[info@stpaulamemiami.org](mailto:info@stpaulamemiami.org) email**

**[www.stpaulamemiami.org](http://www.stpaulamemiami.org) website**

## BABY BAPTISMAL INTRODUCTION

Baby Baptisms are performed on the third Sunday of every month during the 10:00 AM service.

The members should call the church to schedule the baby baptism at least one month prior to the date of the baptismal.

The member will be given a brief overview of the guidelines when she/he calls the church office. An information form and a set of guidelines will be mailed to the member requesting the baptism. The parents and the M.S.S. must have a phone conference and all forms must be completed and return before the baptismal service takes place.

If the parents of the baby being baptized are not married, then the non-custodial parent is asked to sign a consent form stating that he/she understands that at the time of the baby's baptism, **he/she may be present but may not come forward**. If for some reason, the non-custodial parent comes forward, one of the ushers will escort him/her back to a seat.

A meeting/telephone conference should be scheduled with both parents if possible.

If the parent requesting a baby baptism is 18 years old or younger, his or her parent must be present during the meeting.



## SAINT PAUL CHURCH BABY BAPTISMAL GUIDELINES

In keeping with the spirit of excellence in ministry, the following guidelines should ensure a smooth Baptismal Ceremony. Please feel free to contact the church office if you have any questions.

1. The baby dedicated must not exceed twelve (12) months old.
2. The parent/guardian(s) must call the church office at least one month in advance to schedule a baby baptismal. Baby Baptisms are held on the **third Sunday** of each month.
3. The Membership Services Secretary will arrange a brief phone meeting with the parent/guardian(s) prior to the Baptismal service.
  - A. A copy of the Baby Baptismal Service Guidelines and Forms will be mailed to the parent/guardian(s). Upon receipt of the Guidelines, call the Membership Services Department to confirm receiving these items.
  - B. All participants' (the baby being baptized and parents/legal guardians) names must be placed on the form(s) that will be provided to the parent/guardian. The completed form must be received by the Membership Services Secretary as specified in the letter. Baby Baptismal service **is not** confirmed if the proper documents are not received on time.

**\*\*\*PLEASE NOTE: If the parents of the child being dedicated are unmarried, only the custodial parent may come forward. The other parent may be present, but will not be recognized publicly.**

4. Reserved seats will be provided for those who are present 30 minutes prior to service. The Membership Services Secretary will notify the Stewards, Stewardesses and Ushers of the names of the families participating in the Baptismal Service.
5. Any additions or changes should be reported to the Membership Services Secretary one week prior to the Service.
6. When prompted, only the baby to be dedicate and his/her parent(s)/legal guardian and Godparents should be prepared to come forward.



**BABY BAPTISMAL INFORMATION FORM**

BABY'S NAME: \_\_\_\_\_

BABY'S AGE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

HOSPITAL BORN: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

**PARENTS' INFORMATION**

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

PHONE NUMBER: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CIRCLE LEGAL MARITAL STATUS:

MARRIED

SINGLE

SEPARATED

DIVORCED

MEMBERSHIP DATE: \_\_\_\_\_

*Number of Guests Expected to Attend:* \_\_\_\_\_

DATE OF BAPTISMAL: \_\_\_\_\_



“I, \_\_\_\_\_, verify that I have read the guidelines and understand that if there are any changes, I must notify Membership Services prior to the date of my baby’s baptism.”

---

---

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**AGREEMENT FOR NON-CUSTODIAL PARENT**

I, \_\_\_\_\_ (Non-Custodial Parent), have read the guidelines for the Baby Baptismal Service. I,

\_\_\_\_\_ (Non-Custodial Parent) understand that, because I am not married to the custodial parent, I may be present, at the Baby Baptismal Ceremony, but cannot come forward.

I, \_\_\_\_\_ (Non-Custodial Parent), also understand that, if I should come forward, at any time, I will be escorted back to my seat by one of the ushers.

I, \_\_\_\_\_ (Custodial Parent), acknowledge that I have received a copy of the Baby Baptismal Guidelines and agree to abide by the guidelines.

\_\_\_\_\_  
Signature of Non-Custodial Parent Date

\_\_\_\_\_  
Signature of Custodial Parent Date

\_\_\_\_\_  
Signature of Membership Services Secretary Date

