

## **HOLY BAPTISM**

Saint Michael and All Angels Episcopal Church Dallas, Texas



## **DECLARATION OF INTENTION**

It is our understanding that by presenting our child for Baptism, we are assuming before God and His Church the responsibility to bring our child up in the Christian faith and life. To this end, we declare that it is our intention to worship together regularly in a congregation, to share regularly in the fellowship of Christ with our Christian friends and to offer prayers, privately and together, in our home with our child. This is our understanding and experience of Jesus Christ as Savior and Lord. We further intend to teach our child by word and example in all things to serve Christ in all people and to give time, talent and material resources for the strengthening of Christ's Church. Committed to these intentions, we declare our willingness before God and this congregation to publicly accept these vows of responsibility in a service of Holy Baptism.

We agree to attend the Baptismal instruction at Saint Michael on the Saturday morning before the Baptism from 10:00 am to 11:30 am, remaining for the entire session. If our godparents (or sponsors) are unable to attend, we and they commit to receiving Baptismal instruction prior to the Baptism from an Episcopal priest at a local congregation. Parents are asked to give evidence of this preparation.

Note: If you are unable to attend the instruction then you <u>must</u> do one of two things: either find another date for the Baptism, or attend a preparation class on another occasion some weeks or months prior to your baptismal date.

Signatures:		
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Parent(s)	<del></del>	

## ADULT BAPTISMAL FORM

FULL NAME				
ADDRESS				
CITY, STATE, ZIP				
TELEPHONE NUMBERS (H)	(W)			
DATE OF BIRTH				
PLACE OF BIRTH				
FATHER'S FULL NAME				
MOTHER'S FULL NAME				
SPONSORS FULL N AME(OPTIONAL)				
I agree to either attend the Baptismal instruction class at Saint Michael on the Saturday morning before the Baptism or meet with a priest here at church.				
Signature:				
Date:				