**INFANT/CHILD BAPTISM REQUIREMENTS**

For the United Methodist Church of Chagrin Falls

 In order for an infant/child to be baptized in a United Methodist Church, there are certain requirements that must be agreed upon and fulfilled. As the parents of an infant/child read the following requirements and if you agree, please sign this form and return it to the pastor. Also return the enclosed information form.

 As followers of Jesus Christ, we are compelled by His words to *“Make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything that I have commanded you.”* (Matthew 28:19) As Christians, the act of baptism is central to our faith and should never be entered into without great thought and conviction. As United Methodists the Bible is our primary written authority, but we must also abide by The Book of Discipline.

*“It is expected that of parents or guardians who present their children for baptism that they shall use all diligence in bringing them up in conformity to the Word of God and in the fellowship of the Church and to encourage them to participate in preparation for their profession of faith and confirmation at the appropriate time. At least one parent or guardian shall be a member of a Christian church.”*  (The Book of Discipline of the United Methodist Church, Paragraph 226)

Therefore, the following expectations must be understood and accepted by the parents/guardians of all infants/children before presentation for baptism.

1. At least one parent/guardian must be an active member of the UMC of Chagrin

 Falls or an active member of another Christian Church. To be considered an active

 member one must be fulfilling the membership vows of supporting the church by

 “their prayers, their presence, their gifts, their service and their witness.” This must

 be true for at least 3 months previous to the request for baptism.

 If member(s) of another church please provide the following information:

 Church name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for baptism in UMC of Chagrin Falls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. All parents/guardians who present a child for baptism promise that they will

 not only personally exemplify and teach their child about the Christian faith, but

 will also make every effort to regularly bring the child to both worship and

 Sunday school (JAM sessions) until that time when the child is old enough to attend

 confirmation classes and personally accept Christ as his/her Savior.

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Child’s Name)

I understand these requirements & will fulfill my responsibilities to the best of my ability.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFANT/CHILD BAPTISM INFORMATION FORM**

The United Methodist Church of Chagrin Falls

20 South Franklin St.

Chagrin Falls, OH 44022

(440) 247-5848

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) and age(s) of Siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Christian Sponsor(s): (A sponsor must be an active member of a church. The choosing of one or two sponsors is optional)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Date(s) of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Meeting with the Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmed Date of Baptism (to be determined when you meet with the Pastor):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Upon receiving this form and the “Baptism Requirements” form, the pastor will contact you by phone to set up a meeting date.*