Crystal Beach community church

625 Crystal Beach Ave., PO Box 571
Crystal Beach, FL 34681
Phone 727-784-8222 ~ Fax 727-781-0675
Email: office@crystalbeachcc.org
Rev. Dr. Patricia Sue Cashion, Pastor

BAPTISM APPLICATION

(Please print and return either by fax, mail or scan/email.)

Would you like the baptism during our regular service on Sunday at 10:45 am?
Yes _____ No _____

If so, what date? _____ or _____

If you would prefer a private baptism, please list two possible dates/times:

_____ at _____ OR _____ at _____

Given Name _____
First Middle Last

Hospital Where Born _____ **Date of Birth** _____

Mother's Name _____

Father's Name _____

Address _____

Telephone (Home) _____ **(Cell)** _____

Email _____

Grandparents Names _____ **(Mother's Side)**

Grandparents Names _____ **(Father's Side)**

God- Parents Names _____

A meeting with the Pastor will be required the week prior to the baptism and should include the child being baptized. Please contact the church office for confirmation of date/time and to schedule meeting. A fee of $150.00 will be assessed for a private baptism.