

HARVARD

The Memorial Church



BAPTISMAL REQUEST FORM

The Rev. Alanna C. Sullivan, Associate Minister in the Memorial Church, will contact requesters for a consultation upon receiving this form. All forms should be emailed to memorialchurch@harvard.edu or mailed to *The Memorial Church of Harvard University, One Harvard Yard, Cambridge, MA 02138, attention "Alanna C. Sullivan."*

Name of Baptized:

Proposed Date of Baptism:

** Baptisms are performed on the first Sunday of each month at the 11 a.m. worship service during the academic year; Baptism on days other than the first of the month will be performed upon availability and at the discretion of the clergy.*

Date of Birth:

Place of Birth:

Relationship to Harvard University:

Parent(s)/Guardian(s) (if applicable):

Address:

Phone:

Email:

Godparents (if applicable):
