

HARVARD

The Memorial Church



BAPTISMAL REQUEST FORM

The ministry staff of 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, Baptismal Requests, One Harvard Yard, Cambridge, MA 02138.*

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):
