

KAUMAKAPILI CHURCH
766 North King Street ~ Honolulu, Hawaii 96817
Ph: (808)845-0908 Fax: (808)843-0711
Email: kaumakapili@yahoo.com

BAPTISM REQUEST
(PLEASE PRINT CLEARLY)

Today's Date: _____

NAME: _____
Baby's First _____ Last _____

Middle _____

SEX: _____ INFANT _____ CHILD _____ ADULT _____ BIRTHDATE: _____

BIRTHPLACE: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME (IF APPLICABLE): _____

GODFATHER'S NAME: _____

GODMOTHER'S NAME: _____

GODFATHER'S NAME: _____

GODMOTHER'S NAME: _____

Are parents of child, members of Kaumakapili? Yes _____ No _____

Have parents of child counseled or worked with a minister of the Church? Y N

Is there a family connection with Kaumakapili Church? (if so, please explain) _____

SPECIAL NOTE: Parent (s) and child (ren) agree to attend worship service at Kaumakapili – one week before and the Sunday morning of the Sacrament of Baptism (2 worship services) **AND** meet with the minister one week prior to the baptism. Church service is at 10:30am.
2nd Sunday of the month (1 week before baptism): _____

Family meets with Minister: _____ **Time:** _____

(Baptism Sunday) 3rd Sunday of the month: _____

FATHER'S SIGNATURE: _____

MOTHER'S SIGNATURE: _____

When attending service, please do not park in the lot on Palama Street side.
Additional parking is available at Kaulani School across the street.

Please introduce yourself to the minister on both Sundays and arrive by 9:45am on the Baptism Sunday.

****PICTURE TAKING AFTER SERVICE ONLY****