



# Baptism of a Child

## Information about your Child

**CHILD'S FULL NAME:** \_\_\_\_\_

Circle One:      Male                  Female

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

## Information about your child's Family

**FATHER'S FULL NAME:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

Are you a member of Plantation United Methodist Church?    Yes    No (if not, would you be interested?) \_\_\_\_\_

**MOTHER'S FULL NAME:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

Are you a member of Plantation United Methodist Church?    Yes    No (if not, would you be interested?) \_\_\_\_\_

Current Marital Status: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

\_\_\_\_\_

Other family members (step-parents or children):

\_\_\_\_\_

**Requested Date of Baptism:** 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_

**Requested Service Time:**    8:00am    9:30am    11:00am    **Expected Number of Attendees:** \_\_\_\_\_

For Office Use Only:

Consult date/time: \_\_\_\_\_ Baptism Date/Time Confirmed: \_\_\_\_\_ Pews Reserved: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_