

WESLEY UNITED METHODIST CHURCH

Baptismal Information

[Date Info. Received _____]

[Person Taking Info. _____]

Name _____
(Last) (First) (Middle)

Address _____
(Street or PO Box #) (City) (State) (Zip)

Date of Birth _____ Male [] Female []
(Month - Day - Year)

Place of Birth _____
(Name of Hospital) (City) (State)

Father's Name _____
(First) (Middle) (Last)

Phone Numbers _____
(Home) (Cell)

Mother's Name _____
(First) (Middle) (Last)

Phone Numbers _____
(Home) (Cell)

Email Addresses: _____
(Name, email) (Name, email)

Are you a member of Wesley Church? _____
(If no and you live locally, we will ask you to join)

If you live out of state: Name and address of your local home church. (Required): _____

* * * *

Date of Baptism _____ Worship Time: _____ Certificate Issued _____

Place of Baptism: Sanctuary
Other: _____

Officiating Pastor: _____

* * * *

Sponsors (Godparents): *(Please Note: for a Christian Baptism in The United Methodist Church the witnesses are not necessary, but if you have witnesses, they must be active members of a Christian Church)*

Name _____
(First) (Middle) (Last)

Address _____

Name & Address of Church Attending _____

Name _____
(First) (Middle) (Last)

Address _____

Name & Address of Church Attending _____

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Do you we have permission to photograph the baptism and place on Baptism Board in hallway and in the Crier for Wesley Church? _____ Yes _____ No