

BAKER MEMORIAL UNITED METHODIST CHURCH
CHILD BAPTISM INFORMATION FORM

Date Form Completed:		Date of Baptism:	Service: 9:00 10:30
Child's Name First		Middle	Last
Birthdate:	Gender:	Place of Birth: (City/State):	
Parent's Name:		Church Affiliation:	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Cell Phone #:	
Parent's Name:		Church Affiliation:	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Cell Phone #	
Home Street Address:		City:	State, Zip
Do you plan to raise your child in the Christian tradition at Baker Church? Yes No			
If no, what church do you plan to have your child connected to?			

Family Information

Siblings (include age)		

Sponsors/Godparents		
Name	City, State	Baptized/Practicing Christian?
		Yes No Not Sure
		Yes No Not Sure
		Yes No Not Sure

Grandparents	
Maternal	Paternal

Roughly how many people do you expect to attend the Baptism Service? _____