

**REQUEST FOR BAPTISM  
FIRST UNITED METHODIST CHURCH**

Baptism Date Requested: \_\_\_\_\_ Service: 5:30 8:30 11:00

Child's Full Name: \_\_\_\_\_

Sex: Male or Female

Date of Birth: \_\_\_\_\_ City/State Born In: \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you/they members? Y or N

Additional Information: \_\_\_\_\_

Sponsors: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Application Date: \_\_\_\_\_

Church Staff Member: \_\_\_\_\_

Copy to Pastor: \_\_\_\_\_

Entered on Church Calendar: \_\_\_\_\_

Notified Yvonne 371-9213: \_\_\_\_\_

Notified Hurried Family: \_\_\_\_\_

Notified Karen Warner: \_\_\_\_\_