

Fredericksburg United Methodist Church

**Baptism Information Form**

FULL NAME OF PERSON BEING BAPTIZED: \_\_\_\_\_ TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ CITY & STATE OF BIRTH \_\_\_\_\_

BAPTISM DATE: \_\_\_/\_\_\_/\_\_\_ TIME OF SERVICE: \_\_\_\_:\_\_\_\_\_m

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

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

HOME ADDRESS: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (zip code) \_\_\_\_\_

PHONE NUMBERS: Home (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Father's Work (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Mother's Work (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

CHURCH MEMBERSHIP: YES NO

Church Name: \_\_\_\_\_ Address: \_\_\_\_\_

**FAMILY MEMBERS OF FREDERICKSBURG UNITED METHODIST CHURCH**

\_\_\_\_\_  
\_\_\_\_\_

NAME(S) OF SIBLINGS	DATE OF BIRTH	BAPTIZED (if yes, date)
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_____	___/___/___	___/___/___
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**FOR OFFICE USE ONLY**

Copies to: Pastors \_\_\_ \_\_\_ \_\_\_

Letter of Confirmation Sent: \_\_\_/\_\_\_/\_\_\_

Church Sec. \_\_\_\_\_

Baptism Certificate Printed: \_\_\_/\_\_\_/\_\_\_

Membership Sec. \_\_\_\_\_

Book Plate Printed: \_\_\_/\_\_\_/\_\_\_