

**BAKER MEMORIAL  
UNITED METHODIST CHURCH**

Experience Christianity for Today's World

## Child Baptism Form

Date Form Completed:		Date of Baptism:	Service: 9:30
Child's Name First		Middle	Last
Birthdate:	Gender:	Place of Birth: (City/State):	
Parent's Name:		Church Affiliation:	Baptized:
Cell Phone:		Email:	Best way to contact?

Parent's Name:		Church Affiliation:	Baptized:
Home Street Address:		City:	State, Zip
Do you plan to raise your child in the Christian tradition at Baker Church?    Yes    No    Not Sure			
If no, what church do you plan to have your child connected to?			

### Family Information

<b>Siblings</b> (include age)		

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

<b>Grandparents</b>	
Maternal	Paternal

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

How did you hear about our Baptism classes at Baker Memorial UMC? \_\_\_\_\_

\_\_\_\_\_