[COPY TO: PASTOR / CERTIFICATE / MEMBERSHIP SECRETARY]

Baptism INFORMATION SHEET

Date of Baptism: ___ / ___ / ___ Service Time: _____

Name: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Father: _____
Church Member? Y / N

Mother: _____
Church Member? Y / N

Address: _____

_____

Phone: _____ E-Mail: _____

Brothers and Sisters: _____

_____

Grandparents: _____

_____

Other Sponsors or God Parents: _____

_____

Counseling Date: _____ Time: _____

Port Charlotte United Methodist Church
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