

BAPTISMAL INFORMATION FORM
TRINITY UNITED METHODIST CHURCH
9625 N. MILITARY TRAIL, PALM BEACH GARDENS, FL 33410 ~ (561) 622-5278
PLEASE PRINT

DATE OF BAPTISM _____ SERVICE: []9:00 []10:30
[]FEMALE []MALE

CANDIDATE'S LAST NAME: FIRST NAME MIDDLE NAME

DATE OF BIRTH CITY AND STATE /CITY AND COUNTRY OF BIRTH

FATHER'S FULL NAME MOTHER'S FULL NAME

CHURCH MEMBER? [] YES [] NO CHURCH MEMBER? [] YES [] NO

STREET ADDRESS: CITY, STATE, ZIP PHONE:

EMAIL ADDRESS _____

PATERNAL GRANDFATHER:

PATERNAL GRANDMOTHER:

CHURCH MEMBER? [] YES [] NO

CHURCH MEMBER? [] YES [] NO

MATERNAL GRANDFATHER:

MATERNAL GRANDMOTHER:

CHURCH MEMBER? [] YES [] NO

CHURCH MEMBER? [] YES [] NO

SPONSORS/GOD-PARENTS – PRINT FULL NAMES:

CHURCH MEMBER [] YES [] NO

CHURCH MEMBER [] YES [] NO

PLEASE RESPOND TO THE TWO QUESTIONS BELOW:

Reason for desiring for this Baptism to take place at Trinity:

If not active members of Trinity, How will you fulfill vow to raise your child in the Church of Jesus Christ:

NOTES:

Officiating Pastor(s) _____

[] Certificate Completed [] Baptism Instructions Letter Sent Date: _____

[] Recorded as [] Preparatory Member/ Baptized Member [] Baptized

[] Follow-up Letter Sent Date: _____