

Trinity United Methodist Church

9625 N. Military Trail, Palm Beach Gardens, Fl. 33410

Adult Baptism INFORMATION – PLEASE COMPLETE ONE PER MEMBER

Date Of Baptism: _____ TIME _____

Name: _____ Date of Birth _____
(First) (Middle/Maiden) (Last)

Home Address: _____
(Street Address)

(City) (State) (Zip)

Home Phone: _____ Marital Status _____
(Area Code) (Number)

E-Mail Address: _____

Reason for desiring Baptism at Trinity _____

Are you planning to attend New Member Class? _____

Next Class begins _____.

Certificate

Preparatory Membership – Official Book
(Church families Only)

Official Book

Computer

Baptism instructions Letter
(Mail Monday before Baptism)