

St. Paul's United Methodist Church

Child Baptism Application

Child's Information

Full name (including middle):		Gender:
Date of birth:	Hospital:	Actual time: _____ a.m. p.m.
Current address:		
City:	State:	Zip Code:
Home phone:	Cell phone:	Email:

Parents' or Guardian's Information

Mother of child:		Member of St. Paul's: Yes No
Address (if different than child's):		
City:	State:	Zip Code:
Home phone:	Cell phone:	Email:
Father of child:		Member of St. Paul's: Yes No
Address (if different than child's):		
City:	State:	Zip Code:
Home phone:	Cell phone:	Email:
Guardian:		Member of St. Paul's: Yes No
Address (if different than child's):		
City:	State:	Zip Code:
Home phone:	Cell phone:	Email:

Grandparents

Name of mother's parents:
Names of father's parents:
Other grandparents:

Sponsors/Godparents (optional)

Name of sponsor/godparent:	Relationship:
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Siblings of Child Being Baptized

Name:	Gender:	DOB:
Name:	Gender:	DOB:
Name:	Gender:	DOB:
Name:	Gender:	DOB:

Other Information

Preferred date for baptism:
If you (parent/guardian) are not a member of St. Paul's, are you interested in joining the congregation? Yes No
Parent/Guardian's signature: