St. Paul's United Methodist Church

Adult Baptism Application

	Applicant's Info	rmation
Full name (including mide	dle):	
Date of birth:		Gender:
Current address:		
City:	State:	Zip Code:
Home phone:	Cell phone:	Email:
	Spouse's Inforr	nation
Name:		Member of St. Paul's: Yes No
Address (if different than above):		Wedding date:
City:	State:	Zip Code:
Home phone:	Cell phone:	Email:
	Parents (option	onal)
Name of parents:		
	Sponsors (opt	ional)
Name of sponsor:		Relationship:
Name of sponsor:		Relationship:
	Children	
Name:	Grade:	DOB:
	Other Informa	ation
Preferred date for baptism	n:	
If you are not currently a n	nember of St. Paul's UMC, are you interes	sted in joining the congregation? Yes No
Applicant's signature:		