

BAPTISM INFORMATION FORM

Complete and return to the church office or save and attach to an email to pumc@plainfieldumc.com

*Date Requested: _____ Time Requested: _____

Child's Information

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: _____ City/State of Birth: _____

Parent's Information

Mother's Name: _____ Member of PUMC: _____

Mother is Baptized, Yes/No: _____ Church Affiliation: _____

Father's Name: _____ Member of PUMC: _____

Father is Baptized, Yes/No: _____ Church Affiliation: _____

Address: _____ City/State/Zip: _____

Contact Information

Mother Phone(s): Home: _____ Cell: _____ Work: _____

Mother's E-mail: _____

Father Phone(s): Home: _____ Cell: _____ Work: _____

Father's E-mail: _____

Family Information

Siblings Names & ages:

Sponsors/Godparents Names:

Grandparents:

Maternal: _____ Paternal: _____

Great Grandparents:

Maternal: _____ Paternal: _____

Parent Signature(s) _____

*Unless otherwise arranged, due to extenuating circumstances, Baptisms will be conducted on the 3rd Sunday of each month.