



# Baptism Information Sheet

*Please return this form to Faith United Methodist Church Pastor  
or the church office.*

Requested Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Form Submission Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Person to be baptized

Full Name \_\_\_\_\_

Gender  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

City/State of Birth \_\_\_\_\_

## Family and Contact Information

Father's/Guardian Name \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

By participating in services you consent to be photographed, filmed, and otherwise recorded. Recordings can be used for any purpose including but not limited to video production and livestream.