

CHILD BAPTISM

Child' Name: _____
 Last First Middle

Sex: Male Female

Birthdate: _____ Place of Birth: _____

Father's Name: _____ Mother's Name: _____
(As they will appear on Certificate)

Address: _____
(Street, City, State, Zip Code)

Home Phone Number: _____

Father's Work Phone Number: _____ Mother's Work Phone Number: _____

Baptism classes are held on Tuesdays at 8:00 pm, in Rev. Dr. Peter Moon's office, two weeks prior to baptisms each month. You will be notified once your baptism request has been confirmed and will receive your baptism class date if you have not previously attended a class.

Have you attended a Baptism class at WUMC ? Yes No

Date of Baptism class: _____

Have you attended or are you currently attending a New Member class? Yes No

Baptisms are held the 3rd Saturday and Sunday of each month.

Date Requested for Baptism: _____

Time Requested for Baptism: (circle one)

Saturday: 5:30

Sunday: 8:15 9:30 11:00

List sponsors, Godparents _____