

DAMASCUS UNITED METHODIST CHURCH
INFANT/CHILD* BAPTISM REGISTRATION

Child's Name: _____ Child's Birthdate: _____

Officiating Pastor: _____ Proposed Date of Baptism: _____

Child's Place Of Birth: _____ Service: 8:15 11:00
City / County / State

Mother's Full Name: _____ Where Baptized: _____

Mother's Maiden Name: _____ Where Confirmed: _____

Address: _____ Where Married: _____

Work Phone: _____

Home Phone:: _____ Where Baptized: _____

Father's Full Name _____ Where Confirmed: _____

Address: _____

Home Phone: _____ Work Phone: _____

Godparents: _____ Siblings: _____

Grandparents: _____ Grandparents: _____

Special Liturgy: _____ Counseling Dates: _____

Comments: _____ Other: _____