

**BAPTISM REQUEST FORM  
PLAINFIELD UNITED METHODIST CHURCH**

**Date (Sunday) you want the Baptism performed:** \_\_\_\_\_

**Worship Service you desire:** 8:30am \_\_\_\_\_ 11:00am \_\_\_\_\_

**CHILD'S INFORMATION:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

**PARENT'S INFORMATION:**

Mother's Name: \_\_\_\_\_ Member of PUMC: Yes \_\_\_\_\_ No \_\_\_\_\_

Is Mother Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Phone Number(s): Cell \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Home \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Member of PUMC: Yes \_\_\_\_\_ No \_\_\_\_\_

Is Father Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Phone Number(s): Cell: \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Home: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FAMILY INFORMATION:**

Siblings Names & Ages: \_\_\_\_\_  
\_\_\_\_\_

Living Grandparents: Maternal \_\_\_\_\_  
\_\_\_\_\_

Paternal \_\_\_\_\_  
\_\_\_\_\_

Living Great-Grandparents: Maternal \_\_\_\_\_  
\_\_\_\_\_

Paternal \_\_\_\_\_  
\_\_\_\_\_

**NAMES OF SPONSORS/GODPARENTS:** \_\_\_\_\_  
\_\_\_\_\_

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_