BROOMFIELD UNITED METHODIST CHURCH

BAPTISM INFORMATION

This is a fillable form.
Please complete and email to hello@broomfeldumc.org.

This information will be used for the official church record and your Certificate of Baptism.
Please print clearly.

Today's date: _____

The person seeking baptism is a(n): (please circle one) ◯ adult ◯ youth ◯ child

Name of person seeking baptism (as you wish name to appear on certificate):

_____

Has this person been baptized before? _____

Date of birth: _____ Age _____

Parents' Names (of infant/child/youth):

_____

Address: _____
(street) (City, State, Zip)

Phone: _____ Email: _____

God Parents or Spiritual Mentors (optional):

_____

Preferred date of Baptism: _____

Worship time preference: ☐ 8:00 ☐ 8:30 ☐ 9:45 ☐ 11:05

_____

_____

FOR OFFICE USE ONLY

_____ Bible _____ Certificate _____ Bulletin _____ Recorded

Pastor responsible for Baptism: _____