

Approved by: _____

Notified: _____

I Performed This Baptism _____

(pastor, please sign and return to the Membership Secretary)

BAPTISM CERTIFICATE INFORMATION

Instructions:

Complete this form and email to: don.mcavoy@bethany-umc.org
Don McAvoy, Executive Pastor

Child's Full Name _____ ☐ Boy ☐ Girl

Child's Date of Birth: _____ City & State of Birth _____

Mother's Full Name; _____

Father's Full Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Siblings Name(s) & Ages: _____

Date of Baptism: 1st Choice: _____ 2nd Choice: _____

Worship Service Preference: _____

To Be Completed by a Pastor

Members? ☐ Yes ☐ No If No – New Member Class? ☐ Yes ☐ No Joining on: _____

Comments: _____
