



Baptism Information Sheet

Please return this form to First UMC by Fax (305.445.2570)
or scan and email to ministries@fumccg.org

Requested Baptism Date ____/____/____

Form Submission Date ____/____/____

8:30 am 9:30 am 11:00 am

Person to be baptized

(Child's) Full Name (as per birth certificate) _____

Date of Birth ____/____/____

Place of Birth (city/state) _____

Family & Contact Info

Father's Name _____

Preferred phone number _____

Email _____

Mother's Name _____

Preferred phone number _____

Email _____

Address _____

Other Children in the family

Name/Age

Affiliated Church Member(s)

Name _____

Address _____

Phone _____

Grandparents' Names _____

Great-Grandparents' Names _____

Special Friends' Names (god parents) _____