



Hinsdale United Methodist Church

Baptismal Information

(Please complete and return to the Church Office.)

Child's Name _____

Date of Birth _____

Place of Birth _____

Date that Baptism is Desired _____

Father's Name _____

Mother's Name _____

Parent's Address _____

Parent's Phone Number _____

Parent's Email _____

Name of Sponsors _____

Date _____

Signed _____

(Parents)