

CHILD BAPTISM REQUEST

BAPTISM REQUESTED: **DATE:** [Click here to enter a date.](#) **TIME:** 9:30 11:00

NAME OF CHILD:

DATE OF BIRTH: [Click here to enter a date.](#)

PLACE OF BIRTH:

PARENT (1) NAME: **DOB:** [Click here to enter a date.](#)

PARENT (2) NAME: **DOB:** [Click here to enter a date.](#)

SIBLING(S): 1. **DOB:** [Click here to enter a date.](#)

2. **DOB:** [Click here to enter a date.](#)

ADDRESS

TELEPHONE NUMBERS:

HOME: **CELL:** 1. 2.

WORK: 1. 2.

E-MAIL ADDRESSES:

1. 2.

APPROXIMATE NUMBER OF GUESTS ATTENDING:

Please use the space below for additional siblings or other information:

This form may be e-mailed to membership@fairlingtonumc.org or printed and mailed to the church: FUMC, 3900 King Street, Alexandria, VA 22302