



SMITHTOWN UNITED METHODIST CHURCH

230 Middle Country Road
Smithtown, New York 11787
Telephone: (631) 265-6945
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Email: secsmithtownumc@optonline.net
Pastor: Rev. Carole Paynter

BAPTISM INFORMATION

DATE OF BAPTISM: _____

Adult: _____ Child: _____ (Please check one)

NAME: _____
 First Middle Last

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

MOTHER'S FULL NAME: _____

FATHER'S FULL NAME: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

SIBLINGS: _____ Date of Birth: _____ M ___ F ___

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GODPARENTS: _____

If you are not member of this church please list name and address of your church:

Mother: _____

Father: _____

Do you intend to join the membership of this Church? Yes _____ No _____

How many family members/friends are planning to attend the ceremony?

Approximate _____ (This is for our Ushers so we can reserve pews in the Sanctuary)