

Date of baptism: \_\_\_\_\_ Pastor Performing Baptism \_\_\_\_\_  
Worship Service Baptism will be performed at \_\_\_\_\_

**REGISTRY FOR BAPTISM AT  
LAKEWOOD UNITED METHODIST CHURCH**

Name of person to be baptized \_\_\_\_\_  
First Middle Last

Name of Mother \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Church Membership \_\_\_\_\_

Name of Father \_\_\_\_\_

Church Membership \_\_\_\_\_

Family Address \_\_\_\_\_  
\_\_\_\_\_

Family Phone \_\_\_\_\_ Email: \_\_\_\_\_

County and State of candidates Birth \_\_\_\_\_

Date of Birth of candidate \_\_\_\_\_

Sponsors \_\_\_\_\_  
\_\_\_\_\_

Grandparents \_\_\_\_\_  
\_\_\_\_\_