



First United Methodist Church

305 Dunlawton Ave., Port Orange, Florida 32127 (386)767-6161

BAPTISM DATA

1. Full Name _____
M_____F_____ (First) (Middle) (Maiden) (Family)
 2. Date of Birth _____ Place of Birth _____
 3. Address _____
 4. Phone _____ E-mail _____
 5. Father's Full Name _____
 6. Mother's Full Name _____
(First) (Middle) (Maiden) (Family)
 7. Witness to this Sacrament _____
 8. Mode: _____Sprinkling _____Pouring _____Immersion
 9. Church Membership of Parents: _____Mother
_____Father
 10. Sponsors or God parents _____
- _____Certificate Issued

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|---------------------------------|
| MINISTER'S VERIFICATION: |
| Date: _____ |
| Place: _____ |
| _____ |
| Minister |

| |
|--------------------------------|
| Date of _____ Service _____ |
| Baptism _____ |
| Preparatory Roll? ___Yes ___No |