

Baptismal Form
Clarkston United Methodist Church

Complete name: _____

Date of birth: _____ Place of birth _____
City/State

Father's Full Name _____

Mother's Full Name _____

Parent's names how you'd like them to be used on the baptismal certificate and
bulletin:

Church affiliation: _____ Members _____ Attenders _____ Family of: _____

Address _____

Phone _____

e-mail: _____

Date of Baptism _____ 9:00 _____ 11:00 _____

Name(s) of Officiating Pastor(s) _____

Place of Baptism _____

Membership Secretary: If this is a child who resides in another community, has a local church
(UMC) been notified and sent the record of this baptism?