BAPTISMAL INFORMATION

St. George's United Methodist Church, Fairfax, VA

Date of Baptism Request: _____
(Date) 8:30 am or 11:00 am service

Full Name of Child_____

Place of Birth: City/County_____State_____

Date of Birth: _____ Sex of Child _____

Name of Father (as to be listed on certificate)_____

Name of Mother (as to be listed on certificate) _____

Mother's Maiden Name_____

Parent's Home Address _____

_____

Home Telephone_____ Fax _____

E-Mail _____ Other _____

Members of St. George's: _____Family of members of St. George's_____
Members elsewhere: _____

Other family members to be baptized:

_____
Name and relationship

_____
Name and relationship

Godparents_____

_____

Comments/Special Instructions: _____

_____

_____