Date of baptism:_____

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 _____

_____

Revised 5/09
Office: Gina_____
Certificate____
UMIS____ Book ____
Rose ____ CC _____