

# MORROW

MEMORIAL UNITED METHODIST

# CHURCH

*Dear Family,*

*In the spirit of buiding a relationship with our church community, we request three visits by to our worship prior to the baptism whenever possible.*

Date Submitted \_\_\_\_\_

Date Requested for Baptism \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Birthday \_\_\_\_\_ Hospital \_\_\_\_\_

Parent's names \_\_\_\_\_

Sibling's names \_\_\_\_\_

Address \_\_\_\_\_

Member of Morrow UMC    yes    no

Other congregation \_\_\_\_\_

Other religion \_\_\_\_\_

No affiliation \_\_\_\_\_

Faith History

Mother raised \_\_\_\_\_ Father raised \_\_\_\_\_

Contact phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Questions or Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses \_\_\_\_\_

Witnesses \_\_\_\_\_

Rev. Janice S. Lynn will be in touch upon receipt of this information.

Thank you - God bless you!

For office:            interal records updated \_\_\_\_\_    certificate prepared \_\_\_\_\_

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