

Lakes United Methodist Church

501 2nd Street
Lake View, IA 51450
712-665-2972
www.lakesumc.weebly.com



REQUESTING A BAPTISM

Because baptism is a community act, all will be celebrated during worship service -
Are there special circumstances that will not allow this?

Suggested Date of Baptism _____

Name of person being baptized: *(first, middle, last)* _____ Male Female

Date of Birth: _____ Place of Birth: _____

Father's name: *(first, middle, last)* _____

Mother's name: *(first, middle, maiden, last)* _____

Sibling name & age: *(first, middle, last, age)* _____

Sibling name & age: *(first, middle, last, age)* _____

Sibling name & age: *(first, middle, last, age)* _____

Sibling name & age: *(first, middle, last, age)* _____

Mailing Address: _____

City/State/Zip: _____

E-mail Address: _____

Phone #: _____

Sponsors/Godparents: _____

Sponsors/Godparents: _____

Maternal Grandparent(s): _____

Paternal Grandparent(s): _____

Maternal Great-Grandparent(s): _____

Paternal Great-Grandparent(s): _____

Other information: _____