



Concord Trinity United Methodist Church Child's Baptism Information

5275 South Lindbergh Blvd.
St. Louis, MO 63126-3551

FAX (314) 842-4654
info@concordtrinity.org

(Please complete all areas that apply and return to the church office as soon as possible.)

Full Name: _____ **Sex:** _____

Date of Baptism: _____ **Service Time:** _____

Date of Birth: _____ **Place of Birth:** _____

Mother's Name: _____ **Member of CTUMC:** Yes No

Father's Name: _____ **Member of CTUMC:** Yes No

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Names of any sponsors: _____

Remarks: _____

Officiating Pastor: _____

For Office Use Only

Copies to:

- | | |
|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Baptism Certificate |
| <input type="checkbox"/> Director of Worship Arts | <input type="checkbox"/> Baptism Towel |
| <input type="checkbox"/> Director of Children's Ministry | <input type="checkbox"/> Newsletter Editor |
| <input type="checkbox"/> Baby Visit Mailbox Folder | <input type="checkbox"/> Membership Secretary |
| <input type="checkbox"/> Director of Outreach & Nurture | <input type="checkbox"/> Data Base Manager |
| <input type="checkbox"/> Bulletin Preparer | |

By _____ on _____