



BAPTISMAL INFORMATION

Full Name of Candidate: _____

Full Name of Father: _____

Full Name of Mother (include maiden name): _____

Are you a member of Keystone United Methodist Church? _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Birth: _____ Date of Birth: _____

Names and relationship of Godparents, if any: _____

Request date of Baptism: _____

Additional information: