

INFORMATION FOR INFANT BAPTISM

Date of Baptism: _____ Which Service: _____

Baby's Full Name: _____ Goes by: _____

Gender: _____

Date of Birth: _____

City/State of Birth: _____

Mother's Full Name: _____ Goes by: _____
(Include Maiden Name)

Father's Full Name: _____ Goes by: _____

Home phone: _____

Alternate Phone: _____

Address: _____

Grandparents members of VUMC: ___Yes ___No

If yes, give names: _____

How many pews will you need to reserve _____

How many people _____