



Baptismal Information

(Office Copy - Revised April 2018)

Bayport United Methodist Church
482 Middle Road, Bayport, NY 11705
631-472-0770

Secretary@BayportUMC.org
www.BayportUMC.org OR www.facebook.com/BayportUMC



Date of Baptism: ___ / ___ / ___ (During Sunday worship at 9:45am only)

Child's Name: _____

Date of Birth: ___ / ___ / ___ Place of Birth: _____

Family:

Parent's Full Name: _____

Church Membership: _____

Religious Background: _____

Parent's Full Name: _____

Church Membership: _____

Religious Background: _____

Siblings (oldest to youngest): _____

Address: _____

Email: _____

Phone: H: () _____ W: () _____ C: () _____

Sponsors or Godparents (if desired):

Name: _____

Address: _____

Email: _____

Phone: () _____

Church Affiliation: _____

Name: _____

Address: _____

Email: _____

Phone: () _____

Church Affiliation: _____

“Through baptism we are incorporated into the ongoing history of Christ’s mission, and we are identified and made participants in God’s new history in Jesus Christ and the new age that Christ is bringing.” - *By Water and the Spirit: A United Methodist Understanding of Baptism*