

WUMC BAPTISM INFORMATION

Baby's full name: _____

date of birth: _____ place of birth: _____

father's full name: _____

mother's full name (w/ maiden): _____

address: _____

phone: _____

date of Baptism: _____ officiating minister: _____

OTHER INFORMATION: other church members who might be mentioned in the Bulletin or the Messenger and their relationship to the baby.

Information on Sponsors (Godparents)

name: _____

name: _____

address: _____

address: _____

phone: _____

phone: _____

relationship to parents: _____

relationship to parents: _____

Please return completed form to: Denise Barham, WUMC, 5681 Main Street, Williamsville NY 14221

FOR CHURCH USE:

Family Records: _____

EXCEL: _____

Member DB: _____

Directory: _____ Staff: _____

YTD: _____

Messenger: _____

Fam Code: _____

Extnd Code: _____

Indiv. Code: _____

Grade Code: _____