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Baptism Request Form

FAMILY NAME: _____

DATE OF SERVICE: _____ TIME OF SERVICE: 8:30 _____ 11:00 _____

CONFERENCE WITH MINISTER:

Pastor Name _____

Date of conference: _____

PARENT CONTACT INFORMATION

Parent's Names as they wish them to appear on the certificate:

Mother: _____

Father: _____

Phone Number:

Mother: _____ Father: _____

Address: _____

City: _____ State: _____ Zip: _____

CHILD TO BE BAPTIZED:

Child's Name: _____

Child's Date of Birth: _____

Child's Place of Birth: _____

Other Information (grandparents, siblings, other relatives you may want listed in the newsletter):
