



# Hinsdale United Methodist Church

## Baptismal Information

(Please complete and return to the Church Office.)

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date that Baptism is Desired \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_

Parent's Email \_\_\_\_\_

Name of Sponsors \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_  
(Parents)