

CHILD BAPTISM REQUEST

BAPTISM REQUESTED ON: DATE: ____/____/____

FULL NAME OF CHILD: _____

DATE OF BIRTH: ____/____/____

PLACE OF BIRTH: _____

PARENTS:

1. _____

DOB: ____/____/____ PHONE: _____

EMAIL: _____

2. _____

DOB: ____/____/____ PHONE: _____

EMAIL: _____

SIBLING(S): _____ DOB: ____/____/____

_____ DOB: ____/____/____

_____ DOB: ____/____/____

_____ DOB: ____/____/____

HOME ADDRESS: _____

APPROXIMATE NUMBER OF GUESTS ATTENDING: _____

Please send completed form to Fairlington church office (office@fairlingtonumc.org) or mail to Fairlington United Methodist Church, 3900 King Street, Alexandria, VA 22302. Please call 703.671.8557 if you have any questions or email the church at office@fairlingtonumc.org.