

REQUEST FOR BAPTISM FORM

Full Name: _____
(of the person to be baptized)

Date of Birth: __/__/____ (mm/dd/yyyy)

Address: _____

City: _____ State: _____ Zip _____

Parent's Name (If minor)

Father's Name: _____

Mother's Name: _____

Address: _____

Phone: Home: (____) ____-____ Cell: (____) ____-____

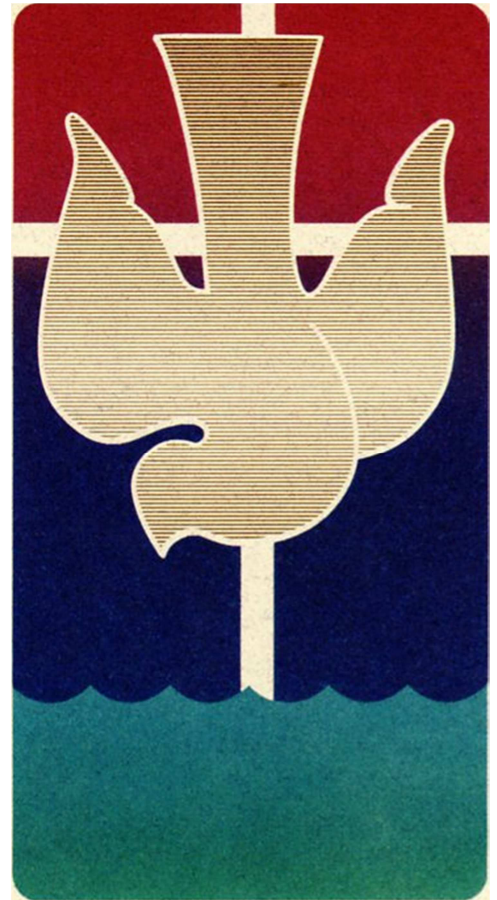
Email: _____

Date Requested for Baptism: __/__/____ (mm/dd/yyyy)

Godparents Information

Godfather's Name: _____

Godmother's Name: _____



Please call the church office at 408-739-0826 to schedule an appointment with the pastor.

“All of us who have been baptized into Christ Jesus were baptized into his death. Therefore, we have been buried with him by baptism into death, so that, just as Christ was raised from the dead by the glory of the Father, so we too might walk in newness of life.”

ROMANS 6:3-4

Once you have completed this form, click the button below to submit this file via email. If you have trouble using the Submit Form button, simply save this pdf file to your computer and then send it to sunnyvaleumc@comcast.net as an email attachment. You can also save this .pdf file to your computer to finish and submit at a later date.