

Westminster United Methodist Church

Rev. Dr. Malcolm Stranathan
Pastor



Baptism Request and Profile

In preparation for your child's baptism, could you please respond with the following info:

Date(s) requested, in priority order: _____
Please avoid first Sunday's of the month as we take communion, which creates a longer service.

Service time (Baptisms are held at our 10:30am worship service): _____

Full name of child: _____

Birthdate: _____

City and State of Birth: _____

Parents' full names (including maiden name): _____

Address: _____

Phone: _____

Siblings: _____

Godparents (if applicable): _____

Number of people for which you would like reserved pews: _____

Please return this form to: Westminster United Methodist Church
165 E Main Street, Westminster, MD 21157
or save/download completed form and email
as an attachment to s.haines@wumcmd.org