

INFANT / CHILD BAPTISM REQUEST Date of Request: ____ / ____ / ____

University United Methodist Church
www.theu.org

Child's Full Name: _____ Male Female

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Parents' Names: Father: _____
(for certificate) First Middle Last

Mother: _____
First Middle Last

Familiar Names: _____

Address: _____

Phones: () _____ H

Mother: () _____ C () _____ W

Father : () _____ C () _____ W

e-mail: Mother: _____ Father: _____

Date of Baptism: First Choice _____ Second Choice _____

Traditional (So. Campus) 8:15 9:30 11:00 Pastor: _____

Contemporary (No. Campus) 9:30 11:00 Pastor: _____

Note: While we will make every effort to honor your choices of date, service, time and pastor, it is not always possible to do so. So that we may do our best, please rank the following aspects in order of importance (1 being most important, 4 being least):

Pastor	1	2	3	4
Campus	1	2	3	4
Date.....	1	2	3	4
Time.....	1	2	3	4

NOTE: While we hope it will be possible to honor your choices, the date, time, campus and pastor is not confirmed until you receive confirmation by letter or email.

Please return this form and all related paperwork to Jessica Caccamese,
University United Methodist Church, 5084 De Zavala, San Antonio, Texas 78249
210-696-1033 | jessica@theu.org

<p>For office use only</p> <p>Approved _____</p> <p>Met with Pastor _____</p> <p>Confirmation sent _____</p>
