

Trinity United Methodist Church
213 Main Street
Hackettstown, NJ 07840
908-852-3020

BAPTISM CONTACT INFORMATION

(Please Print)

Child:

Christian Name - First _____

Middle _____

Last _____

Gender: M F

Date of Birth _____

Place of Birth (town & state) _____

Parents:

Father _____

Mother _____

(Include maiden and married names)

Full Address _____

(Include city and zip code, state if not NJ)

E-mail _____

Phone _____

Name of Sponsors:

1. _____

2. _____

Preferred baptismal date: _____

Second choice baptismal date: _____