

# 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 (South)  8:15  9:30  11:00 Pastor: \_\_\_\_\_

Contemporary (North)  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):**

	1	2	3	4
Pastor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***We hope it will be possible to honor your choices, however do keep in mind that the date, time, campus, and pastor are not confirmed until you receive confirmation by letter or email.***

Please return this form and all related paperwork to Elizabeth Mooy-Fink,  
University United Methodist Church, 5084 De Zavala, San Antonio, Texas 78249  
210-696-1033 | [Elizabeth@TheU.Org](mailto:Elizabeth@TheU.Org)

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