



North Scottsdale United Methodist Church

ADULT BAPTISM INFORMATION

Requested Date of Baptism Service

_____ 8:30 _____ 10:00 _____
Time of Service (Circle Preference)

Full Name of Person being baptized (as you wish it to appear on Certificate of Baptism):

First Middle Last

Date of Birth

Would you like to join North Scottsdale UMC as well? _____

Home Address _____

Home Phone _____ Cell Phone _____

Email _____

Godparent/Sponsor(s) (optional)

Additional pertinent information: _____
