ADULT BAPTISM INFORMATION SHEET

Please **FILL-OUT** clearly in ink. Form must be **completed** and returned to Omi Diaz or Elena Sabido. For further inquiries, contact Omi Diaz at 812-6062 ext. 205 or e-mail: omi.diaz@unionchurch.ph

Date: _____ ☐ Male ☐ Female

Full Name: _____
(first) (middle) (last)

Note: Full name as indicated on your Birth Certificate.

Address: _____

_____

Home Phone:_____ Office Phone:_____

Cell Phone:_____

E-mail address:_____
(Important to write your email address legibly in order to reach you.)

Country & place of birth:_____

Birth date:_____ Age:_____ Height:_____ (for gown size)

☐ Member ☐ Attendee

Date of scheduled baptism at UCM:_____

Worship service (please check which service you attend)

☐ 8:30 a.m. ☐ 10:30 a.m. ☐ 12:30 p.m.

I/We will attend the Baptism Class on:_____

Note: For children below 12 years old, parents need to fill-out their names if they will join and attend the Baptism Class.

Father's Name:_____

Mother's Name:_____