



Applicant Information

Full Name: _____ DOB: _____
Last First M.I.
 Place of Birth _____
 Address: _____
Street Address Apartment/Unit #

City State ZIP Code
 Phone: _____ Email _____

Parent Information

Mother

Last First M.I.
 Phone: _____ Email _____
 Same address as above? YES NO HUMC Member? YES NO INTERESTED
 Baptism Date _____ Church _____
 Confirmation Date: _____ Church: _____

Father

Last First M.I.
 Phone: _____ Email _____
 Same address as above? YES NO HUMC Member? YES NO INTERESTED
 Baptism Date _____ Church _____
 Confirmation Date: _____ Church: _____

Sponsors

Name: _____ Relationship: _____

 Name: _____ Relationship: _____

For Office Use Only

Notes:	Date Received _____ <input type="checkbox"/> Added to Calendar <input type="checkbox"/> Baptismal Candle <input type="checkbox"/> Certificate
	Service Date _____
	Pastor _____