St. James United Methodist Church
Senior Pastor: Rev. Dr. Emanuel Cleaver III
5540 Wayne Ave ● Kansas City, MO 64110 ● 816-444-5588 ● Fax: 816-333-6051

"Connecting People with God in Practical Ways"

BAPTISM REQUEST

Today's Date: _____ Worship: 8:00 a.m. 11:00 a.m.
Please circle one

NAME OF PERSON BEING BAPTIZED: _____
(as printed on birth certificate) FIRST MIDDLE LAST

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
HOSPITAL NAME CITY & STATE

_____INFANT _____CHILD _____ADULT _____MALE _____ FEMALE

MAILING ADDRESS: _____

_____

EMAIL ADDRESS: _____ PHONE: _____

IF A CHILD, PLEASE LIST PARENTS' FULL NAME

FATHER: _____

MEMBER OF ST. JAMES: _____YES _____NO BAPTIZED: _____YES _____ NO

MOTHER: _____

MEMBER OF ST. JAMES: _____YES _____NO BAPTIZED: _____YES _____ NO

For Office Use Only

Information Session: _____ Baptism Date: _____ Date Joined: _____

Picture: _____ Guest Count: _____ Certificate: _____

Ushers: _____ Altar Guild: _____ Facilities: _____ Worship Leader: _____

Additional Comments:

_____

_____

_____