

# Westminster United Methodist Church

Rev. Dr. Malcolm Stranathan  
Pastor



## Baptism Request and Profile

In preparation for your child's baptism, could you please respond with the following info:

Date(s) requested, in priority order: \_\_\_\_\_  
Please avoid first Sunday's of the month as we take communion which creates a longer service.

Service time (currently one service, only; onsite/online at 10:30am): **10:30am** \_\_\_\_\_

Full name of child: \_\_\_\_\_

Birthdate: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Parents' full names (including maiden name): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Siblings: \_\_\_\_\_

Godparents (if applicable): \_\_\_\_\_

Number of people for which you would like reserved pews: \_\_\_\_\_

Please return this form to: Westminster United Methodist Church  
162 E Main Street, Westminster, MD 21157  
or save/download completed form and email  
as an attachment to [s.haines@wumcmd.org](mailto:s.haines@wumcmd.org)