Balls Mills United Methodist Church

5941 Bloomingrove Road

Cogan Station, Pennsylvania 17728

Pre-Baptism Information

**Full Name** (of person being baptized):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information of person being baptized**: Date of Birth:

Place of Birth (name of hospital, town, county, state):

(Check or Circle) Life Stage: Infant Child Adult

 Gender: Male Female

**Current Address** (of person being baptized): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name(s) and Current Address(es), if infant or child baptism:

Parent:

Parent:

**Contact Information**: Home Number(s):

 Cell Number(s):

 Email Address(es):

Persons close to this *child’s/adult’s* life who are members of Balls Mills United Methodist Church:

Persons close to this *child’s/adult’s* life who are members of other Christian Churches:

Has the person for whom baptism is sought ever been baptized before? YES NO

Note: We believe “the practice of re-baptism does not conform with God’s action in baptism, and is not consistent with Wesleyan tradition and the historic teachings of the church.” In such a case, a “re-affirmation of baptismal vows” is recommended. *The Book of Discipline of the United Methodist Church: 2012*, p.271.