

BETHLEHEM FIRST UMC—CHILD OF NEW MEMBER FORM

Today's Date _____

(Please fill out a separate sheet for each child who is not a member)

___Mr. ___Miss City & State of Birth _____

CHILD's FULL NAME: _____ GOES BY: _____
First Middle Last

PARENT's FULL NAME(s): _____
First Middle Last

First Middle Last

ADDRESS: _____
City State Zip Code

MAILING ADDRESS: _____
City State Zip Code

HOME PHONE: _____ DATE OF BIRTH: _____
Month/Day/Year

HOBBIES: 1. _____ 3. _____
2. _____ 4. _____

AREAS OF CHURCH INTEREST (check all that apply)

___ Children's Choir ___ Sunday School ___ Children ___ Youth
Others, please list: _____

RACE/ETHNIC GROUP

___ Asian ___ African American/Black ___ Hispanic ___ Multi-Racial
___ Native American ___ Pacific Islander ___ White

ARE YOU BAPTIZED: Are You Baptized: ___ Yes ___ No If Yes, Date: _____

Name of Church Where Baptized: _____

City & State of Church: _____

OFFICE USE ONLY

DATE BAPTIZED AT BFUMC: _____ Baptizing Minister: _____

Mother's Maiden Name: _____ Godparents, if applicable _____

City & State of Birth: _____ ___ Baptism Certificate Given

Baptized Membership #: _____

DATE PARENT'S JOINED BFUMC: _____ CHILD OF MEMBER DATE: _____

___ Newborn ___ Parents Joined (Child not Baptized)

Revised January 2016