

RECORD OF PASTORAL ACT

Baptism __ Profession of Faith __ Admission into Church __

Date _____ Place _____

By Chaplain *(please print)* _____

Chaplain's Address _____

Chaplain's Email _____

Name _____ Date of Birth _____

Temporary Address _____

Permanent Address _____

Home Church and Address _____

Names of Witnesses or Sponsors _____

For infant baptisms please complete this information also:

Father's Name _____ Mother's Name _____

Home Church & Address _____

Remarks _____

Chaplains Signature _____

Send to:
UMEA/Pastoral Acts
P.O. Box 340007
Nashville, TN 37203-0007
or
Email: umea@gbhem.org
Phone: 615-340-7411