

Baptismal Information Form

(rev. 12/30/10)

NAME OF CANDIDATE: _____ Male Female
(Full Name)

MEMBER FRIEND OF CHURCH

DATE OF BIRTH: _____ LOCATION: _____
(City & State)

ADDRESS: _____
(Street) (City & State) (Zip Code)

PHONE NUMBER: (____) _____ EMAIL: _____

DATE AND TIME OF WORSHIP SERVICE: _____

SPONSOR: _____ RELATIONSHIP: _____
(Full Name)

SPONSOR: _____ RELATIONSHIP: _____
(Full Name)

For Child Baptism:

Full Name of Father: _____

Is the father a member of Grace? Yes No

Full Name of Mother: _____

Mother's Maiden Name (if applicable): _____

Is the mother a member of Grace? Yes No

FAMILY BACKGROUND (if not members of Grace Lutheran Church)

Father: _____
(Church Membership) (Church Background)

Mother: _____
(Church Membership) (Church Background)

WILL YOU BE USING THE FELLOWSHIP HALL FOLLOWING THE BAPTISMAL SERVICE? (Fellowship Hall can accommodate 145 people) Yes No

FAMILY MEMBER TO CONTACT REGARDING BAPTISM:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
(Street) (City & State) (Zip Code)

PHONE NUMBER: (____) _____ EMAIL: _____

FOR OFFICE USE: Custodian Altar Guild Milestone Pastoral Meeting Congregation Record