

Family of Christ Lutheran Church
BAPTISM INFORMATION FORM

Full Name: _____

Birthdate: _____ Sex: _____

Birthplace: _____

Parents: _____
(Please include mother's maiden name in parenthesis and explain any hyphenated names.)

Address: _____

Phone Number: _____ Email: _____

Sponsors: _____

Date of Baptism: _____

Service Time: _____

Please fill out and return to the church at least a week before the date of baptism so we can prepare the certificates. Thank you!

<p><u>Office Use Only</u></p> <p><input type="checkbox"/> Entered into database</p> <p><input type="checkbox"/> Entered into book</p>
