

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: _____

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 arrange to have the banner made and prepare the certificates. Thank you!

Office Use Only

- Entered into database
- Entered into book