

BAPTISM  
Information Form

Person to be Baptized: (Full Name \_\_\_\_\_)

If child, Mother's Maiden Name \_\_\_\_\_

Father's Name (Full Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Person to be Baptized: Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Sex \_\_\_\_\_ Current Address \_\_\_\_\_

If different from above: City \_\_\_\_\_ St. \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Godparents or Sponsors: (Must be practicing Christians who believe in infant baptism.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church affiliation \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Meeting with sponsors /godparents prior to baptism. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Letter to sponsors /godparents regarding meaning of baptism and role of sponsors/godparents:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Meeting with parents prior to baptism: Yes \_\_\_\_\_ No \_\_\_\_\_

Place of Baptism: Tree of Life Lutheran Church

Pastor: Christopher Lake