

Baptism Information Form

St. Matthew Evangelical Lutheran Church

Name of Baptized Child: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Time of Service: _____ Approx. # of Guests: _____

Name of Sponsor(s): _____

Father:

First: _____ Middle: _____ Last: _____

Cell Phone: _____ E-mail: _____

Date of Birth: _____ Baptized? (Y/N): _____

Location of Baptism: _____

Date of Baptism: _____ Current Religious Affiliation: _____

Current Home Church? (Y/N) If Yes, where?: _____

Date of Marriage: _____ Location of Marriage: _____

Mother:

First: _____ Middle: _____ Last: _____

Cell Phone: _____ E-mail: _____

Date of Birth: _____ Maiden Name: _____ Baptized? (Y/N): _____

Location of Baptism: _____

Date of Baptism: _____ Current Religious Affiliation: _____

Current Home Church? (Y/N) If Yes, where?: _____

Which parent e-mail do you want linked to this child's record? _____

Home Address: _____

Home Phone: _____

Other Children in the Family:

Name: _____ Date of Birth: _____ Baptized? (Y/N): _____

Name: _____ Date of Birth: _____ Baptized? (Y/N): _____