

# Bethany Lutheran Church

## Baptism Information Form

CHILD TO BE BAPTIZED (first, middle, last name): \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REQUESTED DATE FOR BAPTISM: \_\_\_\_\_

PRIVATE OR DURING WORSHIP: \_\_\_\_\_

### SPONSORS

NAME/S: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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