

**FORM FOR BAPTISM**

DATE OF BAPTISM: \_\_\_\_\_ 8:00 AM OR 10:30 AM

PLACE OF BAPTISM: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

DATE & PLACE OF BIRTH: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

FATHER'S CHURCH MEMBERSHIP: \_\_\_\_\_

MOTHER'S NAME & MAIDEN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

MOTHER'S CHURCH MEMBERSHIP: \_\_\_\_\_

**SPONSORS & WITNESSES**

*(Only those of the same confession of faith as that of the LCMS Church will be the official sponsors,  
all others will be considered witnesses.)*

1. NAME: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_

3. NAME: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_

4. NAME: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_

5. NAME: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_

6. NAME: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_