

ADULT BAPTISM INFORMATION FORM

CALVARY LUTHERAN CHURCH

Today's Date

Month Day Year

Full Name: _____
LAST FIRST MIDDLE

Address: _____

City State Zip

Phones: Residence: _____ Business: _____

Email: _____

Born: Where _____
City State
When: _____
Month Day Year

Father's Full Name: _____
LAST FIRST MIDDLE

Mother's Full Name: _____
LAST FIRST MIDDLE

Sponsors: _____

Tentative Date for Baptism: _____
Month Day Year Time

Baptized by Pastor: _____

Reminder: 1. Certificates, Candle to Parents & Sponsor(s)

Special Instructions: _____

