

CHILD BAPTISM INFORMATION FORM

CALVARY LUTHERAN CHURCH

Today's Date

Month Day Year

Data Regarding Child to be Baptized

Full Name: _____
LAST FIRST MIDDLE

Born: Where _____
City State

When: _____
Month Day Year

Father's Full Name: _____
LAST FIRST MIDDLE

Mother's Full Name: _____
LAST FIRST MIDDLE MAIDEN

Address: _____

City State Zip

Phones: Residence: _____ Business: _____

Email: _____

Members of Calvary? Father _____ Mother _____

Grandfather _____ Grandmother _____

Sponsors: _____

Tentative Date for Baptism: _____
Month Day Year Time

Baptized by Pastor: _____

- Reminder: 1. Certificates, Candle to Parents & Sponsor(s)
- 2. Information to Cradle Roll Secretary

Special Instructions: _____

