

APPLICATION FOR A BAPTISM

at

FAITH LUTHERAN CHURCH

431 S. Arlington Heights Rd.

Arlington Heights, IL 60005

DATE OF BAPTISM _____ TIME _____

INFORMATION ABOUT CHILD

Name: Last _____ First _____ Middle _____

Telephone: _____

Birth Date: _____

Where: _____

Current Address: Street _____

Town _____ Zip Code _____

PARENTS

Father: _____ Member _____

Mother: _____ Member _____

Mother's Maiden Name: _____

SPONSORS
