BAPTISM INFORMATION FORM

Saint John Lutheran Church
Fraser, Michigan

Email: _____

Baptism Date _____ Appointment Date _____

Time _____ Time _____

Pastor _____ Place: ( )Church ( ) Home - over for directions

Child's Name _____ M ( ) F ( )
First Middle Last

Date of Birth _____ Place of Birth _____
City State

Member Status

Father's Name _____ _____
First Middle Last

Mother's Name _____ _____
First Middle **Maiden**

Address _____
Street City Zip

Telephone _____

Sponsors: Religion:

_____ _____

_____ _____

_____ _____

_____ _____

Copies to: _____ _____

( ) Child Accounting ( ) Nursery Roll ( ) Parish Register

( ) Record on Parents Card ( ) LCIS ( ) Certificates

( ) Other _____

5/19/95