

## ST PAUL LUTHERAN CHURCH, MEDICINE HAT, AB BAPTISM REGISTRATION FORM - CHILD

### GENERAL INFORMATION

Date to be Baptized:			
	Month	Day	Year
Mailing Address:			
City:	Prov:	Postal Code:	
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		
Cell Phone(s):			
Household Email:	Private: <input type="checkbox"/> Yes <input type="checkbox"/> No		

### CHILD'S INFORMATION

First Name:	Middle Name(s):
Surname:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Month   Day   Year	
Place of Birth:	Country
City   Province	

### PARENT INFORMATION

#### Father Information:

First Name:	Middle Name(s):
Surname:	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev	
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	

#### Mother Information:

First Name:	Middle Name(s):
Surname:	Maiden/Birth Surname:
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev	
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	

### SPONSOR INFORMATION

#### Sponsor No. 1

First Name:	Surname:
Denomination:	

#### Sponsor No. 2

First Name:	Surname:
Denomination:	