

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

GENERAL INFORMATION

Date to be Baptized:			
	Month	Day	Year
Mailing Address:			
City:			
Province:		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	

ADULT'S INFORMATION

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

SPONSOR INFORMATION (ONLY IF SPONSORS ARE CHOSEN)

Sponsor No. 1	
First Name:	Surname:
Denomination:	
Sponsor No. 2	
First Name:	Surname:
Denomination:	