

# Holy Baptism

## Information Form

(Please print all information as you would like it to appear)

Date of Application: \_\_\_\_\_

Requested date of baptism: \_\_\_\_\_

Worship service time:  8 AM  9:30 AM  11 AM

Full name (first, middle, last) of person to be baptized: \_\_\_\_\_

\_\_\_\_\_

Gender:  male  female

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Mother's full name: \_\_\_\_\_

Full name of sibling(s): \_\_\_\_\_

\_\_\_\_\_

Paternal Grandparent(s): \_\_\_\_\_

Maternal Grandparent(s): \_\_\_\_\_

Sponsors:

1. Name: \_\_\_\_\_

Residence: \_\_\_\_\_

2. Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Officiant: Pastor John Boldt or \_\_\_\_\_

(Circle Pastor Boldt's name or fill in the blank)