

Baptism Information Form for All Saints Lutheran Church

Full Name of candidate: _____

Date of Birth: _____ Date of Baptism _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone number: _____ E-mail _____

Work Phone _____ Or, work E-mail _____

Service Time: _____ Sibling's names: _____

Father's name: _____
Church membership: _____

Mother's name: _____
Church membership: _____

Sponsor's name: _____
Church membership: _____

Sponsor's name: _____
Church membership: _____

Sponsor's name: _____
Church membership: _____

Sponsor's name: _____
Church membership: _____

Checklist for Office Use Only:

- Call for a name plate
- Make up Certificates
- E-mail Arlene Myers information for baptismal medallion
- Put information into Cornerstone Membership
- Pastor who will administer the baptism _____