



Baptism Information Sheet

Current Date: _____

Full Name of person to be baptized: _____

Date of Birth: _____ Hospital and location of birth: _____

Address of baptized: _____

Mother's full name: _____ Lakeview Member(Y/N)?: ____

Mother's address: _____

Mother's phone: _____ Email: _____

Father's full name: _____ Lakeview Member(Y/N)?: ____

Father's address: _____

Father's phone: _____ Email: _____

Sponsors:

Name: _____

Name: _____

Name: _____

Name: _____

Date of baptism: _____ Time of service: _____

Pastor officiating: _____

Please return form to the Office Administrator at Lakeview Lutheran Church.

For Office Use Only

Certificate: _____ Sponsor certificates: _____ Napkin: _____ Candle: _____