

BAPTISM INFORMATION FORM



Congratulations! We look forward to welcoming your child into the Faith family!

PARENTS' NAMES _____

PARENT'S PHONE # _____

PARENT'S ADDRESS _____

PARENT'S EMAIL _____

CHILD'S FULL NAME _____

CHILD'S BIRTHDATE _____ CHILD'S GENDER F _____ M _____

CHILD'S BIRTHPLACE _____

GODPARENTS (married couples would be on one certificate)

CERTIFICATE #1 name/s _____

CERTIFICATE #2 name/s _____

CERTIFICATE #3 name/s _____

CERTIFICATE #4 name/s _____

CONGREGATIONAL SPONSORS _____

List names or leave blank if you'd like the church to choose sponsors for you.

BAPTISM DATE: _____

WORSHIP TIME (circle):

School Year: Sunday @ 9 a.m.

Wednesday @ 6 p.m.

Summer: Sunday @ 8:30 a.m. @ GLLM Chapel

Sunday @ 10:00 a.m. @ Faith Lutheran

Please fill-out and return via email to office@faithspicer.org or bring a hard copy to the church office.