

Please print

- BAPTISM FORM -

Calvary Lutheran Church ELCA

*Baptisms are held on most non-communion Sundays (second or fourth/fifth Sundays of the month) at the 10:30 a.m. service; most Thursday 7:00 p.m. services; or most Saturday 4:30 p.m. services. * Please return the enclosed card and the pastor will contact you prior to the baptism. Thank you.*

We desire to have our baby/child baptized at the _____ a.m./p.m. service
on Thur/Sat/Sun _____ / _____ / _____ Time
Date Phone: ()

Email: _____

Child's Full Name: _____
First Middle Last

Sex: M F

Date of Birth: _____ / _____ / _____ Place of Birth _____ , _____
City State

*Please list your second choice of date for the Baptism: _____ / _____ / _____

- CONTINUED ON BACK SIDE -

Parent 1 Full Name: _____
First Middle Last

Is parent 1 a member of Calvary? Yes No

Parent 2 Full Name: _____
First Middle Last

Is parent 2 a member of Calvary? Yes No

Maiden Name(s) (if applicable): _____

Address of Parents: _____

City: _____ State: _____ Zip: _____

Sponsor(s) Name(s):

Church Membership (if other than Calvary):

