



Calvary Lutheran Church ELCA

Baptism Form

Today's Date: _____

Child's Name: _____

Birthdate: _____

Male

Female

Place of birth (City/State): _____

[Office use only] Spoke to: _____

[Office use only] Date of Baptism: _____

Service Time Requested: _____

[Office use only] Attended Prep class on: _____

[Office use only] Presiding Pastor: _____

Parents' Names

Parent #1: _____

Parent #2: _____

Phone number: _____

Email: _____

Address: _____

Sponsors' Names

Sponsor 1: _____

Sponsor 2: _____

Is parent #1 a Calvary member?

Yes

No

Is parent #2 a Calvary member?

Yes

No

Are sponsors Calvary members?

Yes

No