



Calvary Lutheran Church ELCA

## Baptism Form

Today's Date: \_\_\_\_\_

[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: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male

Female

Place of birth: \_\_\_\_\_

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