Grace English Lutheran Church

REQUEST FOR BAPTISM

Complete this form and return to the Pastor or Office Administrator at least **three weeks** before the baptism. This time is needed by the church to prepare materials for the baptism. Please print all names and make sure they are spelled correctly as this information is used for the baptism certificate and official church records.

Full name of Child:		
Date of Birth: C	oate of Baptism: _	Time:
Hospital & City of Birth:		
Mother: Is mother a member of Gra	ace? Y N	Father: Is father a member of Grace? Y N
Mother's Maiden Name:		
Phone Number:		Phone Number:
Address:		Address:
Email:		
Sponsors:		
Any Special Notes:		
OFFICE USE ONLY: Baptismal Banner Baptism Cloth Baptism Candle Baptism Certificate Sponsor Certificates		