



St. John's Evangelical  
Lutheran Church

## Baptismal Information Form

### Child's Information

Name (FULL): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Location: \_\_\_\_\_

### Parents' Information

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Church membership: \_\_\_\_\_

### Sponsors' Information

Sponsor #1: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sponsor #2: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Special Requests

*If you would like to have other members of your family participate in the baptism liturgy such as grandparents and siblings, please indicate:*

**Contact:**

- South Shore Lutheran Shared Ministry, Administrator hilary Scott

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- St. John's Evangelical Lutheran Church:

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