

Ezekiel Lutheran Church Baptismal Information Sheet

(PLEASE PRINT CLEARLY)

A. INFORMATION OF THE BAPTIZED

Full Name of Person to be Baptized _____
(first) (middle) (last)

Birthdate _____ Birth Place _____ Male ___ Female ___

Address _____

Phone Number _____ E-mail _____

B. PARENTAL INFORMATION (if applicable)

Mother's Name _____ Phone # _____
(first) (middle) (last)

Maiden Name _____ Church Affiliation _____

Address (if different from child) _____

E-mail _____

Father's Name _____ Phone # _____
(first) (middle) (last)

Address (if different from child) _____

E-mail _____ Church Affiliation _____

C. SPONSOR INFORMATION

Sponsor Name _____ Relationship _____

Phone Number _____ Church Affiliation _____

Sponsor Name _____ Relationship _____

Phone Number _____ Church Affiliation _____

Sponsor Name _____ Relationship _____

Phone Number _____ Church Affiliation _____

D. DATE REQUEST

1st choice date: _____ 2nd choice date: _____ 3rd choice date: _____

E. (FOR OFFICE USE ONLY)

Baptismal Date: _____ Time: _____

Date parent(s) attended the Baptism preparation class: _____

<input type="checkbox"/> Children's Ministry Coordinator
<input type="checkbox"/> Office
<input type="checkbox"/> Pastor
<input type="checkbox"/> Diaconal Minister