

APPLICATION FOR HOLY BAPTISM

TRINITY LUTHERAN CHURCH - DAVISON, MI

Personal and Confidential: *Please print or type*

Baptized's Name	First	Middle	Last
Father's Name	First	Middle	Last
Mother's Name	First	Middle	Last
Date of Birth	Month/Day/Year		
Place of Birth	City	State	Hospital
Parent's Address	Address		
Parent's Phone	Home	Work	e-mail

Baptismal Rite Information

Baptism Date	Time
Month/Day/Year	

God Parents

(Minor Children Only)

Sponsors: *Members of other Christian Churches*

Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Home Church: _____	Home Church: _____
Location: _____	Location: _____

_____ Please reserve worship seating for _____ guests
 _____ Please send Baptismal Invitations to the guests indicated on the reverse side of this application

For Office Use Only

_____ Certificate
 _____ Word, Prayer, and Care Sheet
 _____ Enter individual/family in Shepherd Staff
 _____ Record in Shepherd Staff Register
 _____ Record in Church Register
 _____ Copy to Cradle Roll
 _____ Copy to Head Elder

