

BAPTISM INFORMATION APPLICATION

Date of Contact: _____

TRINITY LUTHERAN CHURCH - 45160 Van Dyke - Utica MI 48317 - Phone 586-731-4490 Fax 586-731-1071

Baptismal Rite Information (for office use only)

Baptism Date: _____

Pastor: _____

Sat/5:30 8:00 9:30 11:00 Mon/7:00 After the service -time _____

Attended Baptism Seminar? Yes No Date: _____ Time: _____ By: _____

If Member - Attendance: Mother _____ Father: _____

Person being Baptized: _____

first

middle

last

Child Adult Date of Birth: _____ Male Female

Place of Birth: _____
hospital city state

FATHER: _____ Age: _____
first middle last

Father member of Trinity? Yes No Married Divorced Single

MOTHER: _____ Age: _____
first middle nee (maiden name)

Mother member of Trinity? Yes No Married Divorced Single

Address: _____
number city/state/zip

Phone numbers:

Cell _____ Home _____ Work _____

If not members, please list church affiliation or relationship to Trinity: _____

SPONSOR INFORMATION

Name: _____ Lutheran Other (specify) _____

Name: _____ Lutheran Other (specify) _____

Name: _____ Lutheran Other (specify) _____

Name: _____ Lutheran Other (specify) _____

Name: _____ Lutheran Other (specify) _____

Name: _____ Lutheran Other (specify) _____

** Please give 3 weeks notice of Baptism date. We must be in contact with you before your date can be confirmed.