

RECORD OF BAPTISM (Adult)

Please turn this in to the church office a minimum of 2 weeks prior to your Baptism date.

Baptism Date: ____/____/____

Officiate: Rev. _____
(to be completed by office)

Baptism at Messiah Lutheran Church: ____Sun 9:45 ____Sun 10:30 ____Private

Name of Adult to be Baptized: _____

First Name

Middle Name

Last Name

Birth Date: ____/____/____

Month Day Year

Gender: ____Male ____Female

Address: _____

Street address

City

State

Zip Code

Phone: _____

Email: _____

Are you a member of Messiah? ____Yes ____No

If not, are you planning to become a member? ____Yes ____No

Sponsors/Witnesses:

_____	_____	_____
First Name	Last Name	Religious denomination
_____	_____	_____
First Name	Last Name	Religious denomination
_____	_____	_____
First Name	Last Name	Religious denomination
_____	_____	_____
First Name	Last Name	Religious denomination

Remarks: (Are sponsors/witnesses married couple? How many seats would you like reserved for your family/friends at service? Other information pertinent to baptism.)
