

# RECORD OF BAPTISM-Child

Please turn this form in a minimum of two weeks prior to your Baptism date.

Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Officiate: Rev. \_\_\_\_\_  
(to be completed by office)

Baptism at Messiah Lutheran Church: \_\_\_\_Sun 9:00 \_\_\_\_Sun 10:30

Other Location or Time: \_\_\_\_\_  
If not Messiah, specify location – i.e., hospital, other church, home Time of baptism

Child to be Baptized: \_\_\_\_\_ Gender: \_\_\_\_\_  
First Name Middle Name Last Name M/F

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
Hospital City State

Father's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Mother's Name: \_\_\_\_\_  
First Name Middle Name (Maiden Name) Last Name

Address: \_\_\_\_\_  
Street address City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is Father a Member of Messiah? Yes / No Is Mother a Member of Messiah? Yes / No

If neither father nor mother is member, please describe association with Messiah:

\_\_\_\_\_

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 a married couple? How many seats should be reserved for service?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_