

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 ____Sun Private

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?)

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.)
