

REQUEST FOR CHILD BAPTISM AT TRINITY LUTHERAN CHURCH

Please complete this form and return it to the church office three weeks before the baptism.

Full Name of the Child (under 16 years) to be Baptized _____

Date of Birth _____ Gender _____ Place of Birth _____

Requested Date/Time of Baptism _____ 8 :15 am _____ ^(City & State) 10:45 am _____

Parents' Names and Contact Information

Legal Name _____ Legal Name _____

Date of Birth _____ Date of Birth _____

Age _____ Phone(s) _____ Age _____ Phone(s) _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

E-mail address _____ E-mail address _____

Employment _____ Employment _____

Work Phone _____ Work Phone _____

Were you previously married? _____ Were you previously married? _____

Church/Religious Affiliation _____ Church/Religious Affiliation _____

Family Background - Please list, in chronological order, all the children in your family, including the child who is to be baptized.

	Name	Date of Birth	Date of Baptism
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Godparents/Sponsors

1. Full Name _____

Church Affiliation _____

2. Full Name _____

Church Affiliation _____

Trinity would like to include pictures of the child (with your family) on the welcome video screens. Please send them to office@trinityelca.org by the Tuesday prior to the baptism.

Many families want to provide a cake for the coffee hour following the baptism. Our Parish Life Team will provide a cake for the coffee hour if the family will not be providing a cake. Please notify the office at office@trinityelca.org by Tuesday prior with your decision to provide a cake.

We (I) agree to meet with the Pastor for one counseling session and a baptismal rehearsal.

Parent's Signature(s) _____
Date

for office use only: distribute copies to – office assistant/secretary [] pastor [] altar guild []