



Baptism Data Form

CHILD'S NAME: _____

PLEASE CIRCLE: MALE FEMALE

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME (including Maiden): _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

SPONSORS (GOD PARENTS): _____

DATE AND TIME OF BAPTISM: _____

HOW MANY PEWS WOULD YOU LIKE RESERVED: _____

COMMENTS:

PLEASE RETURN TO:
Trinity Lutheran Church
314 Barrie Street
Fort Atkinson, WI 53538
FAX: 920-563-4410