

St. Mark Lutheran Church Holy Baptism Information Sheet



SAINT MARK
Evangelical Lutheran Church

Full name of child: _____ Male / Female
First / Middle / Last

Full name of Parent 1: _____ Active Member: yes / no
First / Middle / Last

Full name of Parent 2: _____ Active Member: yes / no
First / Middle / Last

Birth date of child: _____

Birthplace of child: _____
City / State

Address of parent(s):

Street Address / City / State / Zip

Phone number of parent(s): (_____) _____ - _____

Date of baptism: _____

Time of baptism: _____

Sponsors at baptism: _____

For Office Use Only

___ Certificate ___ Book ___ Napkin

___ Prayer Blanket ___ Medallion

___ Notify Altar Care ___ Notify Kay

Recorded:

___ Book ___ Computer ___ File

Revised 2020 02