

# BAPTISM REQUEST AND INFORMATION

## BETHEL LUTHERAN CHURCH

26400 Little Mack, Saint Clair Shores, MI 48081

Please print and send this form to the church office to request your date. The church office will then be in touch with you to confirm the information.

We request the baptism of our child on the following date:

\_\_\_\_\_ Saturday 5:00 pm *Any weekend* \_\_\_\_\_

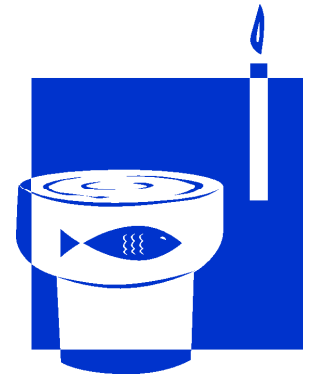
\_\_\_\_\_ Sunday 9:00 am *2nd Sunday of the month* \_\_\_\_\_

\_\_\_\_\_ Sunday 10:30 am *3rd Sunday of the month* \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_



### PARENT INFORMATION

### MOTHER

### FATHER

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Email** \_\_\_\_\_

**Maiden name** \_\_\_\_\_

**Birth date** \_\_\_\_\_

**Church membership** \_\_\_\_\_

If one parent cannot be present, are they aware of your request? \_\_\_\_\_

Do they support the baptism? \_\_\_\_\_ Please explain circumstances on the back.

Please include the names and ages of children *from each parent* on the back of this form. Thank you.

### SPONSOR INFORMATION

### FEMALE

### MALE

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Church membership** \_\_\_\_\_