



North Cape Lutheran Church

Baptismal Request / Information

Please fill out the form and return to the church office.

Date Requested for Baptism (First Choice) _____

Date Requested for Baptism (Second Choice) _____

Requested time of service Early Worship Service Late Worship Service

Information Requested Regarding Baptized Individual

Full Name (please print) _____ Please check: Male Female

Date of Birth _____

Place of Birth (Hospital / City, State) _____

Parent / Guardian Information

Parent / Guardian Full Name & Relationship to Baptized

Member (circle) yes no

Address, City, State

Telephone / Email

Home Cell _____ Email _____

Parent / Guardian Full Name & Relationship to Baptized

Member (circle) yes no

Address, City, State

Telephone / Email

Home Cell _____ Email _____

Sponsor Information

Sponsor Names (Please check if members of same household) yes no

Special Concerns?

Office Use (please check)

Pastor Calendar Certificate Altar Guild PowerChurch Red Book

Presider _____