



TRINITY LUTHERAN CHURCH BAPTISM INFORMATION FORM

Baptism Date: _____ Service: Sun. 1st Service Sun. 2nd Service Wed. Evening

Name: _____
(First) (Middle) (Last)

Birth date: _____

Address: _____

Phone Number(s): _____

Birth Hospital: _____

Parents Names: _____

Sponsors: _____

Grandparents: _____

Siblings: _____

Other Details: _____
