

ST. ANDREW LUTHERAN CHURCH
BAPTISM INFORMATION

_____ Infant _____ Child _____ Adult

Name _____
Last First Middle

Date of Birth _____ Place of Birth _____

Time of Birth _____ a.m./p.m. Birth Weight _____ lbs. _____ oz. Length at Birth _____ inches

Name of Father _____ Phone _____

Address _____ Church Affiliation _____

Email address: _____

Name of Mother _____ Mother's Maiden name _____

Phone _____ Address _____

Church Affiliation _____ Email address: _____

Name of Brothers & Birth dates _____

Names of Sisters & Birth dates _____

Date of Baptism _____ Location _____

_____ Private _____ Public (Time of Service _____) Pastor _____

_____ Sponsor _____ Witness Name _____

Address _____

Church Affiliation _____

_____ Sponsor _____ Witness Name _____

Address _____

Church Affiliation _____

_____ Sponsor _____ Witness Name _____

Address _____

Church Affiliation _____

Would you like to receive Cradle Roll material? _____ Yes _____ No