

Baptism Information Form

What is the full name of the person being baptized?

What is the birth date of the person being baptized?

Where was the person being baptized born?

If the person being baptized is a child, what are the names of the parents?

What are the names of the sponsors or Godparents in this baptism?

What date will this person be baptized?

Select the worship service in which the baptism will take place:

5:30 PM

8:00 AM

9:30 AM

10:45 AM

Comment:

Is Pastor Snyder aware the baptism is scheduled? Yes No

*(Please return this form at least one week before the baptism to:
Trinity Lutheran Church, 2101 10th Avenue, Leavenworth, KS 66048
or e-mail the response to officetlc@tlcleavenworth.org)*