

BAPTISMAL INFORMATION SHEET

CHILD'S FULL NAME _____

PLACE OF BIRTH (City, State, Hospital) _____

DATE OF BIRTH _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME (Maiden name) _____

HOME ADDRESS _____

TELEPHONE _____

EMAIL _____

SPONSOR'S NAMES _____

(PLEASE NO FLASH PHOTOGRAPHY DURING THE BAPTISM)

Note: Please state if the sponsors are Lutheran or some other religion. Because if they are another religion they are considered witnesses and not sponsors.

Would you like to have pews reserved in church? Yes _____ No _____

How many? _____

Where in the church? Front _____ Middle _____ Back _____

Please send back to the church at: St. John Lutheran Church
P.O. Box 85
Burlington, IL 60109