

# Baptism Information Form

Grace Lutheran Church  
2006 60<sup>th</sup> St.  
Kenosha, WI 53140  
1-262-654-9143

Date of application \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Service time \_\_\_\_\_

Name of Baptismal Candidate \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_  
(City) (County) (State) (Hospital)

Mother \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Church Membership \_\_\_\_\_

Father \_\_\_\_\_  
(First) (Middle) (Last)

Church Membership \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Sponsor(s) \_\_\_\_\_ Church Membership \_\_\_\_\_  
\_\_\_\_\_ Church Membership \_\_\_\_\_  
\_\_\_\_\_ Church Membership \_\_\_\_\_  
\_\_\_\_\_ Church Membership \_\_\_\_\_

Notes: