

**ST. MARK LUTHERAN CHURCH
BAPTISM INFORMATION FORM**

CHILD'S NAME _____

DATE OF BIRTH _____

CITY _____ STATE _____

FATHER _____

Church Member ____ Yes ____ No Where? _____

MOTHER _____ MAIDEN NAME: _____

Church Member ____ Yes ____ No Where? _____

PARENT'S ADDRESS _____

PHONE _____

SPONSOR _____ Church Member ____ Yes ____ No

Member Where? _____

SPONSOR _____ Church Member ____ Yes ____ No

Member Where? _____

DATE OF BAPTISM _____ **TIME** _____

COMMENTS: _____
