

Good Shepherd Lutheran Church

Baptism Information Form

Candidate's Full Name: _____

Address: _____

Phone: _____

Date of Birth: _____

City & County of Birth: _____

Date of Baptism: _____

Pre-Baptismal Counseling Date: _____

Presiding Pastor: _____

For Children to be Baptized

Father's Name: _____

Church Membership: _____

Mother's Name: _____

Church Membership: _____

Sponsors' Names: _____

Church Membership: _____

Church Membership: _____

Others in Household: _____

(* indicates un-baptized)

For Adults to be Baptized

Other Members in Household:

Name:

Relationship

Core Class: Attended _____ (Dates)

Desire to Attend _____ (Dates)

Sponsors' Name: _____ Church Membership: _____

Office Notes: