Baptism Form

St. John's
LUTHERAN ELCA BROOKFIELD, WI

Name of Baptized First Middle Last		
Date of Baptism	Time of Baptism	
Date of Birth	Gender	
City, State of Birth		
Father First Last		
Father - email		
Father - phone		
Mother First (Maiden Name) Last		
Mother - email		
Mother - phone		
Street Address, City, Zip		
Sponsors		

OFFICE USE ONLY

NOTIFY	NAME	DATE NOTIFIED OR COMPLETED	NOTES			
Altar						
Banner						
Record Book						
Shawl						
PowerChurch						
Worship Bulletin						
Officiant			•			
If non-member, connection to St. John's:						