

BAPTISM INFORMATION FORM

Grace Lutheran Church
736 Cayuga Drive
Niagara Falls, NY 14304
(716) 283-1843

BAPTISM DATE _____

Name _____
First Last Middle

Birth Date: _____

Address _____
No. Street

Place: _____

City State Zip

Parent's Name: _____

_____ (Mother's Maiden)

Phone: _____ / _____
(Home) (Work)

Father Communicant Member of Grace? (Y/N) _____

If not, someplace else? _____

(phone and address of parents if a child)

Mother Communicant Member of Grace? (Y/N) _____

If not, someplace else? _____

Sponsors

Name _____
First Last

Address _____
No. Street

City State Zip

(please check one)

Member of Grace _____

Member of another Lutheran church _____

If so, which congregation? _____

Christian non-Lutheran _____

If so, which congregation? _____

(please check one)

Member of Grace _____

Member of another Lutheran church _____

If so, which congregation? _____

Christian non-Lutheran _____

If so, which congregation? _____

REMARKS

Baptism approved _____ Pastor _____ Date _____