BAPTISM
St. John's Lutheran Church
312 South Third Street, Evansville, WI 53536

Service Date_____ Mtg. w/Pastor (Date & Time)_____

Service Time_____ Telephone No._____

This form must be filled in accurately before the Church Certificate can be used or the baptism recorded in the church records.

1. Name _____
   First Middle Last

2. Birth Date_____
   Month Day Year

3. Birth Place_____
   Hospital Town State

4. Parents:
   Father_____
   First Middle Last

   Mother_____
   First Middle Last

5. Home Address_____
   Street City State

6. Parent's Church Affiliation:
   Father_____
   Church Town State

   Mother_____
   Church Town State

7. Sponsor's Name Church Affiliation

   _____
   Godfather

   _____
   Godmother

   _____
   Other

8. Email Address:_____

   Journal____ Statistical Report ____ Cradle Roll____ Synod Report_____ Certificate____

   Altar Guild (call)____ Membership Data Up-date:____ Thrivent Gift____