



## First Lutheran Church

Name of Child \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Sunday Service Time 8:30 am \_\_\_  
(Chapel) 9:30 am \_\_\_  
11:00 am \_\_\_  
Wednesday Service Time 6:30pm \_\_\_  
Other \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Father's Name \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Sponsors

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

By Whom Baptized \_\_\_\_\_

Date & Time of Pre-Baptismal Conference \_\_\_\_\_

Date Recorded \_\_\_\_\_