

## Baptism Information Form

**Baptism Date:** \_\_\_\_\_ **Worship Time** \_\_\_\_\_

**Baptized Name:** \_\_\_\_\_

(Child or Adult) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Religion: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Religion: \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sponsor** : \_\_\_\_\_

address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return to the church via e-mail to [lois@standrewri.org](mailto:lois@standrewri.org) or  
St. Andrew Lutheran Church PO Box 1259 Charlestown, RI 02813

