



*St. Andrew*  
*A Community of Faith in Action*

**Baptismal information Form**

Name of individual to be baptized (Please Print)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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

Pending date of Baptism \_\_\_\_\_ Service Time \_\_\_\_\_

Place of Baptism \_\_\_\_\_

**Mother's Information**

First Name \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Father's Information**

First Name \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Email Address \_\_\_\_\_

Is either parent a member of St Andrew Lutheran Church? Mother \_\_\_yes\_\_\_ no

Father \_\_\_yes\_\_\_ no

If neither parent is a member of St Andrew please state where membership is held.

Church \_\_\_\_\_ Address \_\_\_\_\_

Sponsor's Name 1. \_\_\_\_\_

Relationship to the baptized \_\_\_\_\_

Sponsor's Name 2. \_\_\_\_\_

Relationship to the baptized \_\_\_\_\_

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