

**GRACE LUTHERAN CHURCH**  
**BAPTISM REQUEST FORM/RECORD**

**Name of Person to be Baptized**

(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

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

Place of Birth (Hospital) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_

Date Desired for Baptism \_\_\_\_\_

Parents: Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Names of any siblings to the child being baptized \_\_\_\_\_

**Parents' Church Membership (If not a member of this congregation)**

Church Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

**Sponsors:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Signatures:**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: If you wish to use the fellowship hall for a luncheon or celebration after worship, you must make arrangements by calling the church.**