

BAPTISMAL INFORMATION SHEET
Trinity Evangelical Lutheran Church – ELCA

BAPTISM DATE: _____

BAPTIZED NAME: _____
(First & Middle)

LAST NAME: _____

DATE OF BIRTH: _____ **SEX:** _____

HOSPITAL: _____ **CITY:** _____ **ST.:** _____

FAMILY ADDRESS: _____

_____ **ZIP:** _____ **PHONE:** _____

FATHER'S NAME: _____
(First, Middle & Last)

MOTHER'S NAME: _____
(First, Middle & Last)

MOTHER'S MAIDEN NAME: _____
(Last)

SPONSORS: _____
(First, Middle & Last)

