

St. Peter's Lutheran Church, Sanborn NY

~ Infant Baptism Form ~

Baptisms will occur during regularly scheduled Sunday services unless under emergency circumstances¹.

Requested Baptismal Date*: ____/____/____

__ 8:30 a.m. service or __ 11:00 a.m. service

The Baptism of: _____
(Full Name of Child - No Nicknames)

Name of Father: _____

Name of Mother: _____

Date of Birth: _____

Location of Birth: _____

Sponsors**: _____

Address of Parents: _____

Phone # of Parents: _____

Please return this form to Church office or Pastor by print or email office@stpetersanborn.com.

* Date requested must be approved by Pastor; if not available, the Pastor will offer another date.

** Sponsors should be baptized believers and should understand the commitment involved.