



Adult Baptismal Information Form

Full Name _____

Address _____

City _____ Zip Code _____

Phone Number _____

E-mail _____

Date of Birth _____

Place of Birth _____

Your connection to Grace Lutheran _____

Date of Baptism _____

Time of Baptism _____

Sponsor(s) _____

Date of Class Attended _____

Please e-mail this form, a picture of yourself to be used during the
worship service (optional), and any other questions to
kristie@graceandover.org