



## Child Baptismal Information Form

Child's Full Name \_\_\_\_\_ M F

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

E-mail \_\_\_\_\_

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

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

Parent(s) name(s) \_\_\_\_\_

\_\_\_\_\_

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 your child so that we may use it in the worship service, and any other questions you may have to [kristie@graceandover.org](mailto:kristie@graceandover.org)