

TRINITY LUTHERAN CHURCH
1410 Rogers St.
Stevens Point, WI 54481
715 344-2869

APPLICATION FOR HOLY BAPTISM

Name of child _____

Date of birth _____

Place of birth, city & state _____

Date and time of service baptism is desired _____

Mother's full name _____ Maiden Name _____

Home address _____ Ph. _____

Mother's email _____

Father's full name _____

Home address _____ Ph. _____

(if different than mother's address)

Father's email _____

Church membership of Father _____

Church membership of Mother _____

(Father's signature)

(Mother's signature)

Sponsor

Sponsor

Address

Address

Church affiliation _____

Church affiliation _____

Please return this form no later than the Monday prior to the baptismal day. On Sunday, identify yourself to an usher when you come to church. You will be seated in the middle of the Sanctuary near the baptismal font.