

TRINITY LUTHERAN – ATHENS

Application for Baptism

Name: _____
First Middle Last

D.O.B.: / / _____
Date City State

Baptism: / / _____
Date Time of Service (8:30 a.m. or 11:00 a.m.) *This is the date/time requested. It must be approved by the pastor.*

Father: _____
First Middle Last
 / / _____
Father's Baptism Date Church Baptized In Father's Church Membership

Mother: _____
First Middle Last
 / / _____
Mother's Baptism Date Church Baptized In Mother's Church Membership

Address: _____
Address City State Zip+4

Phone: () () () ()
Home Work (of Father? or Mother?) Mobile/Other Fax

Email: _____
Home Work (of Father? or Mother?)

Work: _____
Occupation (of Father? Or Mother?) Employer

Sponsors: _____
First Last Church Membership

First Last Church Membership

First Last Church Membership

First Last Church Membership

Other: _____
Baptismal Hymn Requested (Name & Number) Number of People Expected to Attend (Family, Friends, etc.)

Children: _____
First Last Date of Birth Date of Baptism
 / / / / / /

First Last Date of Birth Date of Baptism
 / / / / / /

First Last Date of Birth Date of Baptism