

INFANT BAPTISMAL INFORMATION

To help us prepare for the glorious day that your child shall be received in the Lord's Family via Holy Baptism, will you please give us the following information:

Complete name of the child: _____

Date of Birth: _____ Son _____ Daughter _____

Place of Birth: _____
City/State

Date of Baptism: _____ Time of Baptism:
____ Sat. 5:30 ____ Sun. 8:00 ____ Sun. 9:30 ____ Sun. 11:00 ____ Private

Complete name of father: _____

Complete name of mother: _____
(maiden name)

Home address: _____

Phone: _____

Names of Christian Sponsors:

Congregational Representative: _____
(A representative will be designated unless otherwise indicated)

Please return this form to the church office as soon as possible.

"God, the Father of our Lord Jesus Christ, we give you thanks for freeing your sons and daughters from the power of sin and for raising them up to a new life through this holy sacrament. Pour your Holy Spirit upon this child: the spirit of wisdom and understanding, the spirit of counsel and might, the spirit of knowledge and the fear of the Lord, the spirit of joy in your presence."