

Holy Cross Lutheran Church

Baptism Request



Information for Child Baptism

Full Name of Father of Child	
Full Name of Mother with Maiden Name	

Information for Child or Adult to be baptized

Name (First, Middle, Last)	
Street Address	
City ST ZIP Code	
Date of Birth (month/day/year)	
Place of Birth	
Home Phone	
Work Phone	
E-Mail Address	
E-Mail Address	
Best way to contact	
Member of Holy Cross	
Sponsor's Name (if applicable)	
Sponsor's Contact Info	
Sponsor's Name	
Sponsor's Contact Info	

Baptism Date & Availability

When and where would you like the baptism to occur?

_____ Preferred Date _____ Backup Date
 _____ Time
 _____ Holy Cross

May Holy Cross recognize the birthday (not year) in the monthly church newsletter? Y___ N___

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to baptize without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this form and for your interest in Baptism.