



Holy Trinity Lutheran Church
Baptism Information

Child's Name: _____

Birthdate: _____ Place: _____ Gender: Male Female

Baptismal Date: _____

Family Address: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Birthdate: _____

Congregation: _____

Mother's Name: _____ Birthdate: _____

Congregation: _____

God Parents: _____

(Sponsors) _____

Other Children: _____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

Remarks: _____
