Baptismal Information Form

Peace Ev. Lutheran Church
Livonia, Mi
734-422-6930

Name of Child _____
First Middle Last

Name of Father_____
First Middle Last

Name of Mother_____
First Middle Last Maiden

Street Address_____

City _____State_____Zip Code_____

Home Phone_____Work Phone_____

Date of Birth_____Place of Birth_____
Hospital / City State

Date of Baptism_____Time of Baptism_____

Place of Baptism_____

Godparents/Sponsors/Witnesses

_____ _____

_____ _____

Church Membership _____

Special Instructions _____

_____

_____

Office Use Only: Pastor_____
[ ] Family File [ ] Directory
[ ] Cradle Roll