

---

# BAPTISM APPLICATION

---

Date

Child's Full Name

Birthdate

Birthplace

Father's Full Name

Church Membership

Mother's Full Name

Church Membership

Family Address

City/State/Zip

Phone

Email

LCMS Sponsors (Must be LCMS Members)

Witnesses (optional)

Public or Private Service?

Date/Time of Service

Officiant

## FOR OFFICE USE ONLY

BANNER MAKER NOTIFIED

SHEPHERD STAFF

DEACON ON DUTY

ROLLODEX

CUSTODIAN NOTIFIED

RECORDED IN RED RECORD BOOK

SPONSOR BROCHURES/CANDLE

CRADLE ROLL/LUTHERAN BROTHERHOOD

ALTAR GUILD

9141 County Road 101 • Corcoran, MN 55340 (763) 420-2426 [www.stjlutheran.org](http://www.stjlutheran.org)