

APPLICATION FOR HOLY BAPTISM

Gethsemane Lutheran Church – Rochester Hills, MI

Personal and Confidential: *Please print or type*

Baptized's Name	First	Middle	Last
Father's Name	First	Middle	Last
Mother's Name	First	Middle	Maiden
Date of Birth	Month/Day/Year		
Place of Birth	City	State	Hospital
Parent's Address	Address		
Parent's Phone	Home	Work	Fax/Other

Baptismal Rite Information

Baptism Date:	Month/Day/Year	Time	
Pastoral Briefing:	Month/Day/Year	Time	Location

God Parents:
(Minor Children Only)

Sponsors: *Members of the Lutheran Church-Missouri Synod*

Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Home Church: _____	Home Church: _____
Location: _____	Location: _____

Sponsors: *Active Members of other Christian Churches*

Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Home Church: _____	Home Church: _____
Location: _____	Location: _____

Other:

- ___ Please reserve worship seating for ___ guests
- ___ Please send Baptismal Invitations to the guests indicated on the reverse side of this application
- ___ We are having a Baptism Reception and would like to invite Pastor: **Time/Date:** _____