



BAPTISM INFORMATION SHEET

*REQUESTED DATE OF BAPTISM: _____ *REQUESTED SERVICE: 8:00 AM OR 10:30 AM

PLACE OF BAPTISM: _____

FULL NAME OF CHILD: _____

DATE & PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

FATHER'S CHURCH MEMBERSHIP: _____

MOTHER'S FULL NAME (& MAIDEN): _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

MOTHER'S CHURCH MEMBERSHIP: _____

SPONSORS & WITNESSES

*(Only those of the same confession of faith as that of the LCMS Church will be the official sponsors, all others will be considered witnesses. **Please list married couples together on the same line.**)*

1. NAME(S): _____

CHURCH MEMBERSHIP: _____

2. NAME(S): _____

CHURCH MEMBERSHIP: _____

3. NAME(S): _____

CHURCH MEMBERSHIP: _____

4. NAME(S): _____

CHURCH MEMBERSHIP: _____

5. NAME(S): _____

CHURCH MEMBERSHIP: _____

6. NAME(S): _____

CHURCH MEMBERSHIP: _____

**Your requested date and service time must be approved by a pastor. Please indicate if you have NOT spoken with a pastor when returning your form. Thank you!*

(Please return completed form to the church office or email to secretary@ilgtx.com)