



**St. Luke's Lutheran Church
Baptism Information Worksheet**

Please print or type the following information.

Baptism Date Requested: _____

Candidate's Full Name: _____

Date of Birth: _____ **Birthplace:** _____

Address: _____

Telephone: _____ **E-mail Address:** _____

Church where family Membership is: _____

Father (full name): _____

Address (if different): _____

Telephone (if different): _____ **Email (if different):** _____

Mother (full name): _____

Address (if different): _____

Telephone (if different): _____ **Email (if different):** _____

Sponsors (Godparents) as will appear on certificate: _____

Remarks: _____

Officiate: _____