

Holy Trinity Lutheran Church
Baptismal Information



Child's Information

First Name:

Middle Name:

Last Name:

Gender: Male

Female

Birthdate:

Place:

Baptismal Date:

Family Address:

Home Phone:

Cell Phone:

E-mail:

Father's Name:

Birthdate:

Congregation:

Mother's Name:

Birthdate:

Congregation:

God Parents:

(Sponsors)

Other Children:

Name:

Birthdate:

Name:

Birthdate:

Name:

Birthdate:

Remarks:

Once you have completed this form, please email the form to:

<mailto:htlc@ptd.net>