



W299 N5782 County Road E, Hartland, WI 53029
(262) 367-6000 oursaviorshartland.org

BAPTISM DATE: _____

Time of Baptism: _____

BAPTISMAL INFORMATION SHEET

Child's Full Name _____

Date of Birth _____

Place of Birth _____

Father's Full Name _____

Father's Date of Birth _____

Mother's Full Name _____

Mother's Date of Birth _____

Marriage anniversary _____

Home Address _____

City, State, Zip Code _____

Phone (with area code) _____

E-Mail Address _____

Parent's Church Membership _____

Names/Birthdates of other children _____

SPONSORS

Name _____

Address _____

City, State, Zip Code _____

Church Affiliation _____

For Church Office Use. Please do not fill out this section. Thank you!

BAPTISMAL CONFERENCE

Date _____

Time _____

Pastor Officiating _____

Additional Information: _____