## **Baptism Application Form**

## Zion Lutheran Church

		PERSON TO BE B	BAPTIZED IN	FORMATION			
Name:	(First) (Midd	die) (Last)	(Last) Work Phone:				
Address:							
Date	City	County	BIRTH INFORMATION County State		Hospital		
Date:		BAPTISM	INFORMAT				
Name		SPONSOR OR W Relationship to			Affiliation	Spons/Witn	
Cath an	e e e e e e e e e e e e e e e e e e e	OTHER FAM			N		
Father:F	irst	Middle	Last	vvork F	none:		
			•		Church Affl:		
Mother:		····		Work I	Phone:		
First  Mother Birth Date:			Maiden on:			Church Affl:	
Marriage Date	and Place:	· · · · · · · · · · · · · · · · · · ·					
•		CI	HILDREN				
First Middle		Last		Birth Date	Baptism Date		