

BAPTISM INFORMATION REQUEST FORM

Mail or Drop Off Completed Form to: Sturgeon Bay Moravian Church
323 South Fifth Avenue
Sturgeon Bay, WI 54235

Baptismal Date: _____

Presiding Pastor: _____ Reserve Seating for: _____

Please note that no flash photography is permitted during the worship service.

Baptismal Child's Information:

Name: _____
(First, Middle, Last)

Date of Birth: _____

Place of Birth: _____
(City, State)

Family Information:

Father's Name: _____
(First, Middle, Last)

Mother's Name: _____
(First, Middle, Maiden Name, Last)

Paternal Grandparents: _____
(First, Last Name)
Designation for Bulletin: Married Divorced Deceased

Maternal Grandparents: _____
(First, Last Name)
Designation for Bulletin: Married Divorced Deceased

Sponsors: _____

(First, Last Name)

Contact Information:

Address: _____
(Street, City, State, Zip)

Phone Nos: _____
(Home) (Cell)

Email Addresses: _____
(Father) (Mother)

Church Office Use Only

Elder Presenting Candle: _____

Candle Certificate ACS Entry Church Register

Bulletin Note: "No Flash Photography"