

BAPTISMAL RECORD

ST. JOHN'S LUTHERAN CHURCH,
154 South Shaffer Street, Orange, CA 92866 714/288-4432

Member _____	Non Member _____	appt with Vicar/Pastor _____	date/time _____
Date of Baptism _____		Service _____	
Child _____	age _____	Adult _____	
Place _____		Officiating Pastor _____	
Work Order _____	On Schedule _____	Cradle Roll info sent _____	Contact Elder _____ Letter mailed _____ Certificate Printed _____

Name (Person being baptized): _____
(Full first, middle and last name please)

Date of Birth: _____
(Month) (Date) (Year)

Address: _____
(Street) (Apt/Space) (City/State/Zip)

Place of Birth: _____
(City) (State)

Father's Name: _____
(Full first, middle and last name please)

Mother's Name: _____
(Full first, middle and last name please)

Address: _____
(If different than the address above)

Email Address: _____

If not a member, what brought you to St. John's for baptism? _____

Did anyone at St. John's speak to you about baptism, and if so, who? _____

Sponsors/Godparents: (for children only)

(Name) (Relationship to person being baptized)

(Name) (Relationship to person being baptized)

Signature of Parent/Guardian _____

Date Signed _____ Home Phone _____ Work/Cell Phone _____