

United Lutheran Baptismal Inquiry Form

Please print

Full Name:

(the name of the person being baptized)

Address:

City, State, Zip:

Phone number:

Email address:

Birth date:

Gender:

Place of Birth:

(City, State)

Father's Full Name:

Mother's Full Name:

God Parents/Sponsors Names:

Preferred Sunday Date(s):

1.

2.

Please let us know the week before if you need pews reserved!