

RECORD OF BAPTISM
St. John's Lutheran Church
527 Taylor Avenue, Grand Haven, MI

Pastor: _____ Date of baptism: _____

Service: 8:15 10:30 5:00 Other: _____ Adult Child

Name of baptized: _____ Male Female

Date born: _____ Place born: _____

Father's name: (*first, middle, last*) _____

Member here: Yes No

Mother's name: (*first, middle, maiden, last*) _____

Member here: Yes No Single Married

Address (*parents'*): _____

Phone Number: _____

Sponsor 1: _____ Sponsor 2: _____

Sponsor 3: _____ Sponsor 4: _____

Proxies (if used): _____