



**FAITH LUTHERAN CHURCH**  
305 First Ave E, Balsam Lake, WI 54810

715-485-3800  
faithlutheran@lakeland.ws

## BAPTISM INFORMATION

NAME OF PERSON BEING BAPTISED \_\_\_\_\_  
First Middle Last

DATE OF BIRTH \_\_\_\_\_ CITY / STATE OF BIRTH \_\_\_\_\_

BAPTISMAL DATE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
First Middle Last

MOTHER'S NAME \_\_\_\_\_  
First Middle Last

SIBLINGS \_\_\_\_\_ / \_\_\_\_\_  
Name Age Name Age

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ E-MAIL \_\_\_\_\_

### **SPONSORS:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**ARE PARENTS MEMBERS OF FAITH LUTHERAN** \_\_\_\_ Yes \_\_\_\_ No

If you are a member of another church, please fill in your home church name and address so that we may transfer your child's baptismal record if you so desire.

**HOME CHURCH NAME & ADDRESS** \_\_\_\_\_

\_\_\_\_\_