

TRINITY EVANGELICAL LUTHERAN CHURCH

331 GEORGE STREET
WEST CHICAGO, ILLINOIS 60185-3118
(630) 231-1175

APPLICATION FOR BAPTISM

(Full Name of Child)

(Place of Birth)

(Date of Birth)

(Mother's Maiden Name)

(Father's Name)

(Address)

(Phone Number)

(Preferred Baptismal Date)

(Preferred Baptismal Time)

(Sponsor's Name)

(Sponsor's Name)

(Sponsor's Home Church)

(Sponsor's Home Church)

Was the child previously baptized? If so, where? _____

(I/We) agree to nourish this child's spiritual growth and encourage active participation in worship, education and in the church's work.

(Parent)

(Parent)