



# PEACE LUTHERAN Baptism Request

Name of Person to be Baptized:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Female  or Male

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth: Hospital \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parent's Name:

Mother: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Father: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Info: Home Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Please submit a digital photo to be used on the worship PowerPoint during the baptism. To [dwhanson007@charter.net](mailto:dwhanson007@charter.net)

Baptismal Sponsors:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Thank you!

Peace Lutheran Church ● 600 Kristi Lane ● P.O. Box 817 ● Watertown, Minnesota 55388

Phone: 952-955-3434 ● Email: [peaceluthwatertown@gmail.com](mailto:peaceluthwatertown@gmail.com) ● Online: [www.plcwatertown.com](http://www.plcwatertown.com)