

Baptism Information for Child

Date of Baptism _____ Service: 9:00 10:30

Date of Birth _____ Place of Birth _____

Full Name of person being baptized

_____ Male Female

Full name of Child's Father _____

Full name of Child's Mother (including Maiden) _____

Address _____

Phone _____ E-Mail _____

Church Name and Address: St. Matthew's Lutheran
2440 Conestoga Rd.
Chester Springs, PA 19425

Sponsors: _____

FOR OFFICE USE

_____ Copy to Pastor

_____ Baptism Certificate Typed?

_____ Sacrament of Holy Baptism insert?

_____ Article in bulletin?