

BAPTISM INFORMATION:

NAME _____ Male or Female (circle one)

DOB _____ CITY OF BIRTH _____

MOTHER: _____

FATHER: _____

CONTACT PHONE _____ CONTACT EMAIL _____

CONTACT ADDRESS _____

SPONSORS' NAMES & RELATIONSHIP:

DATE OF BAPTISM: _____

FAMILY CONECTION TO CHRISTIANIA:

COMMENTS _____

EMAIL THIS FOR TO OFFICE@CHRISTIANIALUTHERANCHURCH.ORG