



## MT. CALVARY LUTHERAN CHURCH

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### Information for Baptism

*Please fill out form completely and return to Pastor*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Sponsors: \_\_\_\_\_  
\_\_\_\_\_

Proxies for Sponsors if Needed: \_\_\_\_\_

Desired Date for Baptism: \_\_\_\_\_

Time: \_\_\_\_\_ Public or Private Ceremony: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Questions: \_\_\_\_\_  
\_\_\_\_\_

**"Sharing God's Love with the Mountain Community"**