Faith Lutheran Church
SACRAMENT OF HOLY BAPTISM

APPLICATION: To be filled out by the parents or guardians

Part I (Answer "Yes" or "No")

1. We desire Holy Baptism for our child because we believe that the Lord Jesus Christ, the Redeemer of the World, ordained Holy Baptism for our salvation. _____

2. We believe the Holy Bible, which declares that by Baptism our children are made children of the Triune God. _____

3. We desire that our child remain a member of the kingdom of Christ, both here on earth and throughout eternity. ____

4. To this end we pledge ourselves to give our child a Christian up-bringing. _____

5. We desire that our child be enrolled in the Cradle Roll of the church and that he/she later join the Sunday or Day school. _____

Part II

1. **Full name of child**_____ **Sex:** M or F
   First Middle Last

2. Date of birth_____ If Affirmation – Date of Baptism: _____
   Month Day Year Month Day Year

3. Place of birth_____
   Hospital City State Zip

4. Father's Name_____
   First Middle Last

5. Mother's Name_____
   First Middle Last Maiden

6. Address of Parents_____
   Street City State Zip
   Phone number_____

7. **DESIRED DATE OF BAPTISM**_____
   Month Day Year
   Which service would you prefer?_____ Seating reserved for_____people.

8. Name of Sponsor/Witness:_____
   (Circle preference - must be a member of W.E.L.S. or E.L.S. to be sponsor)

   Address:_____
   Street City State Zip

9. Name of Sponsor/Witness_____

   Address_____
   Street City State Zip

NOTE: Please return this form NO LATER than the Tuesday before the baptism Sunday to either: Pastor David Haugly Pastor Mark Parsons or Pastor Michael Weigand at 55 Prairie Road.

FOR OFFICE USE ONLY:
Name of Pastor Conducting Baptism _____