

Request for Baptism

Solomon Lutheran Church
305 W. Main St.
Woodville, OH 43469
419-849-3600

1. Date for Baptism: _____ Time: _____

2. Name of child to be baptized: _____
First Middle Last

Birth date: _____

Place of birth: _____

3. Parents: _____

Address: _____

Phone numbers: _____

Parents' church affiliation: _____

4. Sponsors: Name: _____

Address: _____

Under 21 years of age? _____ If so, please give age _____

Name: _____

Address: _____

Under 21 years of age? _____ If so, please give age _____

5. We understand that those chosen to serve as sponsors are persons who have been baptized and confirmed in the Christian Church, who themselves believe in infant baptism and who accept the faith into which our child is to be baptized.

Signed: _____ (Mother)
_____ (Father)