

Trinity Lutheran Church  
Frankfort, MI

**BAPTISMAL FORM (Child)**

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

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

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Child's Birth Date \_\_\_\_\_

Child's Birth Place \_\_\_\_\_

God-Parents/Sponsors \_\_\_\_\_

Baptismal Date and Worship (8:30 or 11:00) \_\_\_\_\_

Pews to be Reserved \_\_\_\_\_

Email Address \_\_\_\_\_