



BAPTISMAL RECORD INFORMATION

Incarnation Lutheran Church
4880 Hodgson Road
Shoreview, MN 55126-2099
651.484.7213

Date of Baptism: _____

Service Time: _____

Number of persons being baptized
from your group: _____

PERSON BEING BAPTIZED

Name (Last) _____ (First) _____ (Middle) _____

Date of Birth _____ Place of Birth _____ Gender _____

Address (Street) _____

Address (City/State/Zip) _____

PARENT INFORMATION (if person being baptized is still a member of their household)

Mother's Name (in full) _____ Phone _____

Maiden Name (if applicable) _____

Address (if different from above) _____

Church Membership:

_____ Active member or participant of Incarnation

_____ Commit to becoming an active member within the next 3 - 4 months

_____ Active member of _____ Church

Father's Name (in full) _____ Phone _____

Address (if different from above) _____

Church Membership:

_____ Active member or participant of Incarnation

_____ Commit to becoming an active member within the next 3 - 4 months

_____ Active member of _____ Church

BAPTISMAL SPONSOR(S) (married couples may be listed together)

1) Name(s) _____

Address _____

Church Membership or place of regular worship _____

Church location (City / State) _____

2) Name(s) _____

Address _____

Church Membership or place of regular worship _____

Church location (City / State) _____

Remarks & Special Instructions . . .