

BAPTISM REQUEST

EVANGELICAL LUTHERAN CHURCH
315 E. Main Street
Mount Horeb, WI 53572
608-437-5012

Please print clearly.

Child's full name _____

_____ Male

_____ Female

Child's birth date _____

Place of birth _____

Requested date for baptism _____

_____ Sat. 5:00 service

_____ Early Sunday service

(8:30)

_____ Late Sunday service (10:30/summer 10:00)

Parent(s) Name(s) _____

Church Members? (yes/no) _____ Father _____ Mother

Address _____

E-Mail Address _____

Phone _____

Sponsors _____

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