

UNION EVANGELICAL LUTHERAN CHURCH
Record of Baptism Form

Name: _____
 First Middle Last

Address: _____

Telephone: _____

Birthdate: _____ Birthplace: _____

Baptism Date: _____ Where: _____

Father's Name: _____
 First Middle Last

Member: _____
 Yes No

Mother's Name: _____
 First Middle (Maiden) Last

Member: _____
 Yes No

Godparents: _____
