

TRINITY LUTHERAN – ATHENS

Application for Baptism

Name: _____
First Middle Last

D.O.B.: ____/____/____
Date City State

Baptism: ____/____/____
Date Sunday Service or Time Requested *This is the date/time requested. It must be approved by the pastor.*

Address: _____
Address City State Zip+4

Phone: (____) (____) (____) (____)
Home Mobile Work Fax

Email: _____
Home Work

Work: _____
Occupation Employer

Sponsors: _____
First Last Church Membership

First Last Church Membership

First Last Church Membership

First Last Church Membership

Other: _____
Baptismal Hymn Requested (Name & Number) Number of People Expected to Attend (Family, Friends, etc.)

Children: _____
First Last Date of Birth Date of Baptism

First Last Date of Birth Date of Baptism

First Last Date of Birth Date of Baptism