

Please return to:
Zion Lutheran Church
PO Box 314
Cadillac MI 49601-0314

Baptismal Information

Full name of person to be baptized: _____
(First, middle, last)

Sex: M ____ F ____ Date of birth: _____ Place of birth: _____

Father's full name: _____

Mother's full maiden name: _____

Address of parents: _____

Parent's telephone number: _____

Sunday requested for baptism: _____ Service: 8:00 a.m. ____ 10:30 a.m. ____

Names of baptismal sponsors: _____

Addresses: _____

Church membership: _____