



**ST. MARTIN**  
Lutheran Church

2427 Church St.  
Cross Plains, WI 53528

## *Adult Baptismal Information*

**(Please Print)**

**Time of Baptism**

**Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Name & Other Information:**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Place of Birth:** City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

**Mailing Address:**

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email address \_\_\_\_\_

**Sponsors' Names**

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