



ST. MARTIN
Lutheran Church

2427 Church St.
Cross Plains, WI 53528

Baptismal Information Form

(Please Print)

Time of Baptism

Month _____ **Day** _____ **Year** _____ **TIME:** _____

Child's Name & Other Information:

First _____ **Middle** _____ **Last** _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: City _____ County _____ State _____

Mailing Address of Child's Family

Street _____ Apt # _____
City _____ State _____ Zip Code _____
email _____ *(best email to reach family)*

Father's Name

First _____ **Middle** _____ **Last** _____

Member of St. Martin's: (Yes) _____ (No) _____

Day Phone _____ Evening Phone _____

Email address _____

Mother's Name

First _____ **Middle** _____ **Last** _____

Member of St. Martin's: (Yes) _____ (No) _____

Day Phone _____ Evening Phone _____

Email address _____

Godparents' Names
