



The Evangelical Immanuel Lutheran Church

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BAPTISMAL REQUEST FORM

Anticipated Baptismal Date: _____

Child's Full Name: _____

Date of Birth: _____ Boy _____ Girl _____

Father's Full Name: _____ Cell Phone: _____

Mother's Full Name: _____ Cell Phone: _____

Home Address: _____

Home Phone: _____

E-Mail Address: _____

Godparents: _____

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We desire that our child be baptized:

Mother's Signature

Date

Father's Signature

Date