



Tree of Life

LUTHERAN CHURCH - ELCA

Baptism Request Worksheet

Person to be Baptized: _____

If a Child, Mother's Maiden Name: _____

If a Child, Fathers Full Name: _____

Candidate Full Address: _____

Candidate Phone: _____ Date of Birth: _____

Candidate Place of Birth: _____ Male Female

Sponsor Information

Sponsor 1

Full Name: _____

Full Address: _____

Phone Number: _____ Email: _____

Church Affiliation: _____

Sponsor 2

Full Name: _____

Full Address: _____

Phone Number: _____ Email: _____

Church Affiliation: _____