

revised 2016

BAPTISMAL RECORD

Please return this completed form to:
Immanuel Evangelical Lutheran Church, P.O. Box 185, Pepin, WI 54759
#715-442-3213 office@immanuelpepin.org

1. NAME OF CHILD (Please include Middle Name):

2. DATE OF BIRTH: _____

3. PLACE OF BIRTH: _____

COUNTY & STATE OF BIRTH: _____

4. FULL NAMES OF PARENTS (Please include Middle Names):

FATHER: _____

MOTHER: (Please include Maiden Name)

5. ADDRESS: _____

PHONE #: _____ CELL # _____

E-MAIL ADDRESS: _____

6. DATE OF BAPTISM: _____

7. SPONSORS: _____

8. OFFICIATING PASTOR: _____

If Officiating Pastor is not from Immanuel, please state His/Her address and

Phone #: _____

9. Website permission for photo to be posted? _____yes _____no

10. QUESTIONS OR COMMENTS: _____

11. SONG CHOICE : _____