

IMMANUEL LUTHERAN CHURCH 37515 Park Trail - Almelund, MN 55012
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BAPTISM REGISTRATION – INFANT OR CHILD

First Choice:

Second Choice:

Date: _____

Date: _____

Child's Full Name: _____ Male _____ Female _____

Birthdate: _____ Birthplace: _____

Siblings: Name: _____ Birthdate: _____ School Grade: _____

Name: _____ Birthdate: _____ School Grade: _____

Parents:

Mother: _____

Phone : _____ e-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Church Membership _____

Father: _____

Phone : _____ e-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Church Membership: _____

Sponsors/God Parents:

Full Name: _____ **Phone:** _____

Church Membership _____ **Email:** _____

Full Name: _____ **Phone:** _____

Church Membership _____ **Email:** _____

OFFICE: ___ Pastor ___ Cradle Roll ___ Thrivent ___ WELCA ___ Computer ___ Record Book

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BAPTISM REGISTRATION – ADULT

First Choice:

Second Choice:

Date: _____

Date: _____

Time: _____

Time: _____

Full Name: _____ Male _____ Female _____

Birthdate: _____ Birthplace: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Church Membership: _____

Sponsors:

Full Name: _____ Male _____ Female _____

Church Membership _____

Phone: _____ e-mail: _____

Full Name: _____ Male _____ Female _____

Church Membership _____

Phone: _____ e-mail: _____

OFFICE: ___ Pastor ___ Thrivent ___ WELCA ___ Computer ___ Record Book