

**Baptism Information Form  
St. John's Lutheran Church  
Buffalo, MN**

Date of Baptism: \_\_\_\_\_ 20 \_\_\_\_\_ Time: \_\_\_\_\_

Full name of person to be baptized: \_\_\_\_\_

Date of birth: \_\_\_\_\_

City of birth: \_\_\_\_\_

Check if Member

Name of mother: \_\_\_\_\_

Name of father: \_\_\_\_\_

Name(s) of sponsors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pastor performing baptism: \_\_\_\_\_

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Contact Information:

Address:

Phone number: