

**ADULT BAPTISM INFORMATION FORM**

CALVARY LUTHERAN CHURCH

Today's Date

\_\_\_\_\_  
Month Day Year

Full Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Phones: Residence: \_\_\_\_\_ Business: \_\_\_\_\_

Email: \_\_\_\_\_

Born: Where \_\_\_\_\_  
City State  
When: \_\_\_\_\_  
Month Day Year

Father's Full Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Mother's Full Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Sponsors: \_\_\_\_\_  
\_\_\_\_\_

Tentative Date for Baptism: \_\_\_\_\_  
Month Day Year Time

Baptized by Pastor: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_