



# Holy Trinity Lutheran Church

## REQUEST FOR BAPTISM FORM

(In order to schedule a baptism, all parties must meet with one of the Pastors prior to Baptism date)  
If the baptism is for a baby or youth child, both parents must be in attendance as well as youth child.

**Please complete and return to the Church Administrator prior scheduled meeting and baptism.**

\_\_\_\_\_ at the Saturday 5:30pm Service \_\_\_\_\_  
**Date Requested for Baptism** Sunday 8:30am Service \_\_\_\_\_  
Alternate Date: \_\_\_\_\_ Sunday 11:00am Service \_\_\_\_\_

Are you a Holy Trinity Church Member? ( ) Yes ( ) No Last Attended: \_\_\_\_\_

Both Pastors perform Baptism at Holy Trinity. Do you have a Pastor preference? \_\_\_\_\_

Dates Available to Meet with Pastor(s) (usually done following 11:00am Sunday Worship):  
\_\_\_\_\_

\_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
**Baptismal Candidates Full Name**

\_\_\_\_\_ Place of Birth (City & State)  
Date of Birth \_\_\_\_\_

\_\_\_\_\_ **Fathers Full Name** \_\_\_\_\_ **Mothers Full Name & Maiden Name**

\_\_\_\_\_ Cell Phone  
Home Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail Address 2:  
E-Mail Address: \_\_\_\_\_

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

\_\_\_\_\_ City & State  
Sponsor's Name \_\_\_\_\_

\_\_\_\_\_ City & State  
Sponsor's Name \_\_\_\_\_

Please return completed form to church administrator in order to have meeting and baptism dates set on the calendar. [thodges@holytrinitymarietta.org](mailto:thodges@holytrinitymarietta.org)