



Mount Olive Lutheran Church

BAPTISM INFORMATION

Family Meeting with Pastor:

Date

Time

Form to:

- ☐ Brenda
- ☐ Randy
- ☐ Megan
- ☐ Pastor

Items for Service:

- ☐ Candle
- ☐ Napkin
- ☐ Certificates
- ☐ Bible
- ☐ Quilt

Randy:

- ☐ Order of Worship

Brenda:

- ☐ Bulletin Notes
- ☐ Bulletin Notes
- ☐ Newsletter
- ☐ Official Acts
- ☐ Member Info
- ☐ Gains & Losses
- ☐ Prayers

CHILD / FAMILY INFORMATION

Child First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: _____

☐ Boy

Birth Place: _____

☐ Girl

Father's First Name: _____ Middle Name: _____ Last Name: _____

Father's Church Affiliation

Mother's First Name: _____ Middle Name: _____ Last Name: _____

Mother's Church Affiliation

Mother's Maiden Name: _____

SERVICE INFORMATION

Officiant: _____

Date of Baptism: _____

☐ 8:00 AM Sunday Service

☐ 10:00/10:30 AM Sunday Service

☐ Other: _____

Sponsors: _____

Family Address: _____

Primary Phone: _____

Number of family members attending: _____

Primary email: _____

Email or bring a picture of baby to brenda@mtolive-anoka.org