

St. Mark's Evangelical Lutheran Church
P.O. Box 208
Bloomfield, NE 68718

**Please complete this form and return to the
Secretary of St. Mark's 1 week prior to the baptism. Please print legibly.**

Infant Baptismal Information

Date of Baptism: _____, _____, _____

Child's Name: first name _____ middle name _____ last name _____

() male () female Child's Date of Birth: month _____ date _____ year _____

Place of Birth: City _____ State _____

Sponsors/God Parents: 1. _____
2. _____
3. _____
4. _____

Child's Father's Information:

Name: first name _____ middle name _____ last name _____

Father's Date of Birth: Month _____ Day _____ year _____

Mailing Address: Street/PO Box _____ City _____ State _____ Zip _____

Land Phone Number: () _____ - _____ Email Address: _____

Cell Phone Number: () _____ - _____

Child's Mother's Information:

Name: first name _____ middle name _____ last name _____

Mother's Date of Birth: Month _____ Day _____ year _____

Mailing Address: Street/PO Box _____ City _____ State _____ Zip _____

Land Phone Number: () _____ - _____ Email Address: _____

Cell Phone Number: () _____ - _____

Would you like to reserve the fellowship hall/kitchen following worship? (please circle) Yes NO