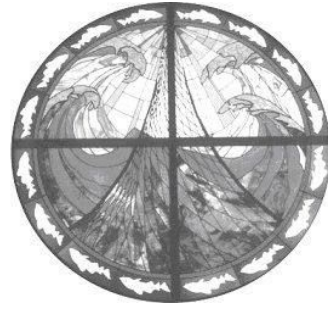


St. Peter's Lutheran Church
Baptism Information Form
CHILD



Full Name:

Date of Birth:

Place of Birth:

Full Names of Parents:

Street Address:

Town:

Zip Code:

Parents Telephone Number:

- ☐ Member/s St. Peter's
☐ Not Member/s Relation to St. Peter's?

If not a member, why do you want the baptism at St. Peter's?

Full Names of Sponsors:

Date of Baptism:

Time:

Details for service: (if more space is needed, use other side of paper)

Send this form to
St. Peter's Lutheran Church, 310 Route 137, Harwich, MA 02645