

BAPTISMAL INFORMATION

St. John Lutheran Church – 1100 N. Main Street – Celina, OH 45822
Phone: (419) 586-2332

Please complete and return to the office. Call the pastor to schedule a meeting for instruction.

Full Name: _____
(First) (Middle) (Last)

Address: _____

City / State / Zip: _____

Phone: _____

Date of Birth: _____ Age _____

Place of Birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Sponsor: _____

Sponsor: _____

Sponsor: _____

Sponsor: _____

Place of Baptism: _____

Date of Baptism: _____

Service Time: _____

Pastor: _____