

Baptism Information

Name of Child: _____

Gender (circle): Male Female

Date of Birth: _____

Place of Birth: _____

Mother: _____

Father: _____

Address: _____

Phone: _____ Email Address: _____

Siblings: _____

Sponsors' Names & Relationship:

Family Connection to Christiania: _____

Other: _____

Email this form to office@christianialutheranchurch.org