

# 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: \_\_\_\_\_