

ST. MATTHEW LUTHERAN CHURCH, ELCA
3281-16TH ST. SAN FRANCISCO, CA 94103
415-863-6371 e-mail: office@stmatthews-sf.org

Baptism – Child

As you desire to have your child baptized into our church, we would appreciate your filling out this questionnaire and mailing it to the church at your earliest convenience.

FULL NAME OF CHILD: _____

DATE OF BIRTH: _____

BIRTHPLACE: _____

FULL NAME OF FATHER: _____

RELIGION OF FATHER: _____

FULL NAME OF MOTHER: _____

RELIGION OF MOTHER: _____

PRESENT RESIDENCE OF THE PARENTS: _____

TELEPHONE: _____ e-mail: _____

SPONSORS OF THE CHILD:

1. NAME: _____

ADDRESS: _____

RELIGION: _____

2. NAME: _____

ADDRESS: _____

RELIGION: _____

PREFERRED DATE OF BAPTISM: _____

TIME AND DATE WHEN PASTOR CAN VISIT AT HOME: _____

LANGUAGE PREFERRED: ENGLISH _____; GERMAN _____, BILINGUAL _____

BAPTISMAL VERSE: _____