

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

Adult Baptism

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

FULL NAME: _____

DATE OF BIRTH: _____

BIRTHPLACE: _____

ADDRESS: _____

TELEPHONE: _____ e-mail: _____

PREFERRED DATE OF BAPTISM: _____

TIME AND DATE WHEN PASTOR CAN VISIT AT HOME: _____

LANGUAGE PREFERRED: ENGLISH _____; GERMAN _____, BILINGUAL _____

BAPTISMAL VERSE: _____

Date: _____ SIGNATURE: _____