

ST PAUL LUTHERAN CHURCH, MEDICINE HAT, AB BAPTISM REGISTRATION FORM - CHILD

GENERAL INFORMATION

Date to be Baptized:			
	Month	Day	Year
Mailing Address:			
City:	Prov:	Postal Code:	
Primary Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted			
Cell Phone(s):			
Household Email:			Private: <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD'S INFORMATION

First Name:			Middle Name(s)		
Surname:					
Date of Birth:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Month	Day	Year		
Place of Birth:		City		Province	Country

PARENT INFORMATION

Father Information:

First Name:			Middle Name(s)		
Surname:					
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev					
<input type="checkbox"/> Member			<input type="checkbox"/> Non-Member		

Mother Information:

First Name:			Middle Name(s)		
Surname:			Maiden/Birth Surname:		
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev					
<input type="checkbox"/> Member			<input type="checkbox"/> Non-Member		

SPONSOR INFORMATION

Sponsor No. 1

First Name:			Surname:		
Denomination:					

Sponsor No. 2

First Name:			Surname:		
Denomination:					