



Information for Baptism

Child's Name _____
First Middle Last

Birthdate _____ **Birthplace** _____
Month Day Year City County State

Father: _____

Member of Trinity _____ If not, where _____

Interested in becoming a member? _____ Cell Phone: _____

Mother: _____

Member of Trinity _____ If not, where _____

Interested in becoming a member? _____ Cell Phone: _____

Address _____
Street (P.O.) City State ZIP

Telephone _____ **Email Address:** _____

Publish the above names as parents? Yes _____ No names published please _____

Sponsors (Godparents):

Name _____ Name _____

Name _____ Name _____

Desired date of Baptism: _____

Desired worship service:

8:00 _____

9:00 am _____ (One service Memorial Day weekend through Labor Day weekend)

10:00 _____

If the service is live-streamed or recorded for internet viewing

I do _____ or do not _____ give permission for my family to be shown.

Please return completed form to the church office.
The church office will confirm your date and service.

contact date _____

Office use only

Baptismal Towels:

_____ Grace Johnson
(674-8696)

_____ Belinda Rupp
(674-2309)

Baptism Set Up:

_____ Rosanne Johnson (674-4400)

_____ Janelle Mork (674-4944)