



**BAPTISM REQUEST FORM
CENTRAL LUTHERAN CHURCH**

CANDIDATE

Name (first, middle, last): _____

Gender (pronouns): _____

Date of Birth: _____ City of Birth: _____

Address: _____

Phone: _____ E-mail: _____

PARENT / GUARDIAN (if candidate is a child)

Parent: _____ Date of Birth: _____

Church Membership: _____

Parent: _____ Date of Birth: _____

Church Membership: _____

Sibling Names and Birthdates: _____

SPONSOR / GODPARENT

Name: _____ Church Membership: _____

Name: _____ Church Membership: _____

NOTES

Baptisms are scheduled after attending an orientation meeting and according to the church worship calendar. You may write any hopes you have for the day or date, or important information for us to note:



Central Lutheran
MINNEAPOLIS

Exploring the promise of God for all
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