

Baptismal Information

St. Paul's Evangelical Lutheran Church

Revised May 23, 2007

5104 Ellerslie Road, S.W. Edmonton AB T6X 1A4
Phone: (780) 988-5446
Fax: (780) 988-6818
Email: spelc@shaw.ca

Last Name: _____

Given Names: _____

Date of Birth: _____

Place of Birth: _____

Father

Last Name: _____

Given Names: _____

Date of Birth: _____

Address: _____

Postal Code: _____

Phone: (home) _____

(office) _____

(email) _____

Mother

Last Name: _____

(if different from above)

Maiden Name: _____

Given Names: _____

Date of Birth: _____

Phone: (home) _____

(office) _____

(email) _____

Office Use:

Baptism:

Date _____

Time (9:30 11:15) _____

Counseling:

Date _____

Time _____

Present at Counseling:

Father _____

Mother _____

Sponsor #1 _____

Sponsor #2 _____

Copy of Birth Certificate: _____

Sponsor #1

Last Name: _____

Given Names: _____

Address: _____

Postal Code: _____

Phone: (home) _____

(office) _____

(email) _____

Sponsor #2

Last Name: _____

Given Names: _____

Address: _____

Postal Code: _____

Phone: (home) _____

(office) _____

(email) _____