

CHRIST OUR SAVIOR

BAPTISMAL INFORMATION SHEET

In Christian love and in response to God's promise of life for us,
we desire our child to receive the Sacrament of Holy Baptism.

Candidate's Name _____
First Middle Last

Date of Birth: _____ male female

Place of Birth: _____
City State

Parent Name(s) _____
First Last

First Last

Street Address _____

City/State/Zip _____

Telephone (home) _____

Email (Mother) _____ (Father) _____

Cell (Mother) _____ (Father) _____

Sponsors: _____
First Last Church Membership

First Last Church Membership

List in order, three preferences for date of Baptism:

1) _____ 2) _____ 3) _____

Because Baptism is one of our church's two Sacraments, we treat it with great respect and ask family and friends to refrain from taking flash photos during the Baptism. The pastors are available after the service for photos. Please notify family and friends that flash photography is **NOT** allowed during the service.

Time of Service Offered for Baptisms:
10:30 a.m. during the school year
8:30 a.m. or 10:00 a.m. during summer hours

This form is to be completed and returned to the church office at least two weeks prior to the baptism. Dates must be confirmed with the Office Manager.
Office Manager – office@coslc.com or 262-246-6537