

Baptism Information Form

Grace Evangelical Lutheran Church
40 N. Main Street, Hatfield, PA 19440 215-855-4676
Pastor Nancy M. Raabe
pastorgracehatfield@gmail.com

Full name of person to be baptized:

Birth date and location:

Date of Baptism: _____ Service Time: (8 or 10:30): _____

If child/youth baptism:

Child of: _____

Parents' full names

Mother is member of Grace Father is member of Grace Extended family of Grace

Godparents/Sponsors

Congregational Sponsors

Grace has a member of the congregation stand with each person baptized, apart from the family-chosen godparents/baptismal sponsors, as congregational sponsor on the day of the baptism. Is there someone you would like to have as congregational sponsor, if the person would be available to be present on that day? If not, we will choose someone for you.

1st choice: _____

2nd choice: _____

Your Address _____

Phone (C, H, W?) _____ Email _____

Special requests for baptism - special music?