



St. Peter's Lutheran Church
4897 Old Oneida Road
Verona, New York 13478
Phone: (315) 363-5211
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pastor@stpetersverona.org

BAPTISM REQUEST FORM (CHILD)

Please print all information clearly.

Name of Child: _____
(First) (Middle) (Last)

Date of Birth: _____ **City & State of Birth:** _____

First Parent's Full Name (First, Middle, Last): _____

Previous Last Name(s) if applicable: _____

Is this parent a member of St. Peter's Lutheran Church? ___ Yes ___ No

Phone Number(s) _____
(home) (cell)

Email(s): _____

Second Parent's Full Name (First, Middle, Last): _____

Previous Last Name(s) if applicable: _____

Is this parent a member of St. Peter's Lutheran Church? ___ Yes ___ No

Phone Number(s) _____
(home) (cell)

Email: _____

Are parents married: Yes No **If yes, date of marriage:** _____
(Please provide copies of marriage document.)

Address of Parents: _____

Requested Date of Baptism (choose two dates): _____;

Service Preference: 9:00 am Service _____ or 11:15 am Service _____

Sponsors Names: _____

