



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

BAPTISM REQUEST FORM (ADULT)

Please print all information clearly.

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

Previous Last Name(s) if applicable: _____

Date of Birth: _____ City & State of Birth _____

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

Email: _____

Single Married (date of marriage) _____ Divorced Widow

Spouse's Name: _____

Address: _____

Have you ever been a member of another faith community? Yes No

If yes, name and location of faith community: _____

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

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

Sponsors Names: _____

