



# Holy Baptism St. Paul Lutheran Pipestone, MN



Full Name of Person to be baptized: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Birth City: \_\_\_\_\_

Parents or guardians names:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Baptism Sponsors/ Godparents:

\_\_\_\_\_

Requested Date of Baptism: \_\_\_\_\_