



St. Luke's Lutheran Church & School

Oakfield, WI

The Sacrament of Holy Baptism

Desired Date of Baptism: _____ Time: _____

Full Name of Child: _____

Date of Birth: _____ Place of Birth: _____

Father's Maiden Name: _____

Mother's Maiden Name: _____

Parent's Address: _____

City.....: _____ State: _____ Postal Code: _____

Phone...: _____

Name and Church of Sponsors or Witnesses:

Name...: _____

Church: _____

Name...: _____

Church: _____

Name...: _____

Church: _____

Name...: _____

Church: _____

Signature of Parents: _____ Date: _____
