



BAPTISM APPLICATION
Trinity Ev. Lutheran Church
1052 White Rock Ave, Waukesha, WI 53186
www.trinitywels.com

PLEASE PRINT CLEARLY

Date of Application _____

Full Name of Person to be baptized: _____

Date & Location of birth: _____

Is this an Affirmation []Yes []No If Yes, date of actual baptism _____

Father's Name: _____

[]Trinity Member []Other WELS Member-church name: _____ []Other _____

Mother's Name: _____ Maiden name _____

[]Trinity Member []Other WELS Member-church name: _____ []Other _____

Address: _____

Telephone Number: _____ Email _____

Pastor's Name to Officiate: _____

Date of Baptism: _____ Pews to be reserved? _____

Office: Date Confirmed w/ Pastor: _____ Service Time: _____

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Witness' Name: _____

[]Trinity Member []Other WELS Member-church name: _____ []Other _____

Witness' Name: _____

[]Trinity Member []Other WELS Member-church name: _____ []Other _____

FOR OFFICE USE:

Yearly Googledoc Calendar:

On-Line Calendar Events _____

Initials _____

Church 360 _____

Date _____

Membership Report: _____

Stats Report _____

Permanent Church Record _____