

# St. James Lutheran Ministries

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Visit us at: [www.stjamesshawano.org](http://www.stjamesshawano.org) or email: [secretary@stjamesshawano.org](mailto:secretary@stjamesshawano.org)



**FOR OFFICE USE ONLY:**

DATE: \_\_\_\_\_ TIME OF SERVICE: \_\_\_\_\_

## BAPTISM REGISTRATION FORM

Name: \_\_\_\_\_ Male  Female   
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Complete Name: \_\_\_\_\_ Member: Yes  No   
(First) (Middle) (Last)

Mother's Complete Name: \_\_\_\_\_ Member: Yes  No   
(First) (Middle) (Maiden Last) (Married Last)

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officiant: \_\_\_\_\_

Number of Pews to Reserve for Service (Traditional): \_\_\_\_\_ Number of Chairs to Reserve for Service (Celebration): \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REV. 7/25/16 JH