

APPLICATION FOR BAPTISM
Peace Lutheran Church, Antigo, Wisconsin
300 Lincoln Street-Antigo, Wisconsin 54409

Name of person to be baptized (First, Middle, Last): _____

Male or Female: _____

Date of birth: _____ Place of birth: _____

Father: _____ Mother First (Maiden) Last: _____

Address: _____ Phone: _____

City, State & Zip Code: _____

Email address: _____

Sponsor(s) Name(s): _____

Desired Date of Baptism: _____ Which Service?: _____

Date returned: _____

PLEASE ANSWER THE FOLLOWING

1. YES _____ or NO _____ We desire Holy Baptism for our child because we believe Jesus Christ, the Redeemer of the world, established Holy Baptism for mankind's eternal salvation.
2. YES _____ or NO _____ We believe that baptism is not simply a "nice to" custom, but that baptism is a gift from God through which a person is brought into (adopted) into God's family.
3. YES _____ or NO _____ We pledge ourselves to pray for our child and remind him/her of his/her relationship to Jesus Christ.
4. YES _____ or NO _____ We pledge ourselves to do all we can to teach our child the Christian religion and be brought up in the Lutheran Church.
5. YES _____ or NO _____ We pledge ourselves to bring our child with us to church, so that early in life he/she may learn to worship Jesus, the Christ.
6. YES _____ or NO _____ If not already members of a Christian Congregation, do you desire to learn more about the Lutheran Church and Peace Lutheran Congregation?
7. YES _____ or NO _____ Would you like to be notified of our next adult information class, which is designed for individual who wish to become members of Peace congregation?

Signature of Parents:

Father _____ Mother _____

Please return this application when complete