

Office use only:

Date attended Prep Class: _____

Date of Baptism: _____

Presiding Pastor: _____



1500 Pine Cone Road North, Sartell, Minnesota 56377
Telephone: (320) 255-0488 Fax: (320) 255-9378
website: www.celebrationlutheranchurch.com

PLEASE PRINT

BAPTISM INFORMATION

Requested Date of Baptism PREP Class: _____

Requested Date of Baptism: _____ **Requested Service Time:** _____

Sundays 8:30am or 10:30am.(Sept – May) (June-Aug Sunday 9:00am or Monday at 6:30pm)

Full Name of the Baptized: _____

Please check: Male ☐ **Female** ☐

Date of Birth: _____ **Place of birth:** _____

Siblings names / birthdates: (if not already in our records)

Name of Father: _____

☐ Celebration Member ☐ Interested in membership

Name of Mother: (include maiden name)

_____ (_____)

☐ Celebration Member ☐ Interested in membership

Address of Parents: _____

Phone Number: _____

Active E-mail Address: _____

Name(s) of Sponsor(s) – (If Sponsor is a married couple, put both names on one line):

_____, _____

Number of people expected to attend baptism: _____ (include your immediate family)

(For church to reserve seats)

Please promptly complete & drop off or email this sheet to church office as soon as possible:

1500 Pine Cone Rd. N., Sartell, MN 56377

Or email to: Meghan at: MGroover@celebrationlutheranchurch.com

NOTE: If you need **child-care** during the Baptism Prep Class, please contact Celebration Lutheran Church at least one week in advance of class at 320-255-0488, ext. 0

DAY OF BAPTISM: Family & Sponsors are asked to promptly arrive 20 minutes before the start of service. Meet the Pastor at the front of the sanctuary for instructions.