

Baptismal Registration

Child's Full Given Name: _____

Birth Date: _____ Birth Place: _____

Parents Names: _____ Baptized at: _____ Date: _____

Mother's Maiden Name: _____

Godparents & Trinity Sponsor(s):	Trinity Member (Yes or No):
_____	_____
_____	_____
_____	_____
_____	_____

Desired Date for Baptism at the 10:00 AM Service: _____
(Please note: one or more baptisms may be planned on this date)

Will you be willing to provide a baptismal cake for coffee hour? ____Yes ____No

Parental Contact Info:

Address: _____

Phone: _____ Email(s): _____

The ELCA, our denomination, keeps records about ethnicity to reflect of the inclusion of the whole church. How do you identify your child's ethnicity and yours, if different?

____White ____African American/Black ____African National/African-Caribbean
____Asian/Pacific Islander ____Latino/Hispanic ____American Indian/Alaskan Native
____Arab/Middle Eastern ____Multiracial ____Other

Would you like to receive the following electronically?

- ☐ Trinity Trumpet (weekly)
- ☐ Congregational Meeting Notices (3-4 times per year)
- ☐ Death Notices
- ☐ Monthly Calendar (monthly)
- ☐ Volunteer Schedule (monthly)

Pastoral Notes:

Office Notes:

____Baptismal Certificate ____Notify Altar Guild ____Notify Coffee Hour