



**ST. JOHN'S**  
LUTHERAN CHURCH

104 SOUTH BROAD STREET • ELKHORN, WISCONSIN 53121  
262.723.2901 • WWW.STJOHNSELKHORN.COM

## Infant Baptism Form

NAME OF CHILD \_\_\_\_\_  
FIRST MIDDLE LAST

Street Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

BIRTH FATHER'S NAME \_\_\_\_\_  
FIRST LAST

Contact Phone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

BIRTH MOTHER'S NAME \_\_\_\_\_  
FIRST LAST (INCLUDE MADEN NAME)

Contact Phone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Are birth parents married to one another? NO / YES

SPONSOR/WITNESS'S NAME \_\_\_\_\_  
FIRST LAST

SPONSOR/WITNESS'S NAME \_\_\_\_\_  
FIRST LAST

Please list your preferred baptism dates (Sundays Only): First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Do you have any questions regarding baptism? \_\_\_\_\_

**Please complete this form and drop off in the office or e-mail  
office@stjohnselkhorn.com. Call Cyndi in the office at 262-723-2901 with any  
questions.**