



BAPTISM APPLICATION
Zion Lutheran Church - Mitchell, SD

Name of Child to be Baptized: _____

Child's Date & Place of Birth: _____

Parent's Full Names- Father: _____

Mother: _____

(Please include maiden name.)

Parent's Church Affiliation – Father: _____ Mother: _____

Parent's Address: _____

Phone Numbers – Father: _____ Mother: _____

Email – Father: _____ Mother: _____

Desired Date & Time of Baptism: _____

Sponsors:

| Name | Relationship to child | Church Affiliation – Name & Place |
|-------|-----------------------|-----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Select your sponsors carefully: The sponsors confess the Christian faith on behalf of their godchild and bear public witness that in Holy Baptism the child obtains forgiveness of sins, life and salvation. In the name of the child they renounce the devil, all sin and error. It is self-evident that you choose only sponsors who understand and believe the teachings of the Word of God as they are confessed by the Lutheran Church Missouri Synod and to whom you can safely entrust the spiritual welfare of your child.

In the case of non-Lutherans participating in the baptism, the church invites them to be witnesses to the baptism.

Witnesses:

How many in your baptismal party, so that pews may be reserved? _____