



Sacrament of Holy Baptism Information

Child's Name: (please print clearly)

First Middle Last

Date of Birth: _____

Place of Birth _____

Parents Names:

Father: _____

Mother: _____

Home Address: _____

Parents Contact Information:

Home: _____

Cell-Father: _____

Email-Father: _____

Cell-Mother: _____

Email-Mother: _____

Sponsors Names: _____

Baptism Date: _____

Date

Time

Place of Baptism: Holy Cross Lutheran Church
410 Arlington Avenue
Duluth, MN 55811
218-722-0132

Pastor: Rev. Noah Johnson