



Grace Lutheran Church - Fairmont, Minnesota

Date/Time of Baptism _____ Baptized by _____

Name (F, M, L) _____ M / F

Date of birth ____ / ____ / ____

Father's Name _____ Member Y/N

Mother's Name _____ Member Y/N

Guardians Name _____ Member Y/N

(If Parental Membership is No, please indicate Name and Location of Church at the bottom)

Home Address:

Phone # _____

Email _____

Sponsors : (For certificate reasons, please indicate if sponsors are married)

Special Requests/Notes: _____
