

ADULT BAPTISM REQUEST

Holy Cross Lutheran Church
4895 S McCarran Blvd
Reno, NV 89502

Baptism date requested _____

Surname _____

Given names _____

Date of Birth _____

Year of Birth _____

Place of Birth _____

Street Address _____

City/State/Zip _____

Telephone (Home) _____

Telephone (Cell) _____

Telephone (Work) _____

Email _____

Occupation _____

Employer _____

Father's Full Name _____

Father's Church Affiliation _____

Mother's Full Name _____

Mother's Maiden Name _____

Mother's Church Affiliation _____

Spouse's Full Name _____

Spouse's Maiden Name _____

Wedding Date _____

Wedding Year _____

Wedding Place _____