

## CHILD 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 \_\_\_\_\_

Family's Telephone (Home) \_\_\_\_\_

Family's Telephone (Cell) \_\_\_\_\_

Family's Telephone (Work) \_\_\_\_\_

Family's Email \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Date of Baptism \_\_\_\_\_

Father's Place of Baptism \_\_\_\_\_

Father's Current Denominational Affiliation \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Mother's Date of Baptism \_\_\_\_\_

Mother's Place of Baptism \_\_\_\_\_

Mother's Current Denominational Affiliation \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

Sponsor's Telephone \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

Sponsor's Telephone \_\_\_\_\_