Coon Valley
Lutheran Church

Baptismal Form

Full Name of Child: _____

Birthdate: _____

Birth Location: _____

Date and Time of Baptism: _____

Location of Baptism: _____

Father's Name: _____

Mother's Name *(include maiden name)* : _____

Address: _____

Primary Phone Number: _____

Email: _____

Sponsors:

_____

_____

_____

_____

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