

Lutheran Church of the Resurrection  
9812 Hamilton Avenue  
Huntington Beach, California 92646  
(714) 962-5005  
Fax (714) 963-1275

**APPLICATION FOR BAPTISM**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Place of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Phone \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mother's Name (include maiden name) \_\_\_\_\_

Phone \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Godparent \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Godparent \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Baptism Scheduled for (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

Infant (under 2) \_\_\_\_\_ Child (over 2) \_\_\_\_\_ Adult \_\_\_\_\_

Officiant – Pastor \_\_\_\_\_

**For Office Use:**

Cradle Roll (child under 2) \_\_\_\_\_

Parish Register \_\_\_\_\_

