



Atonement Lutheran Church  
1900 Westfall Road  
Rochester NY 14618

**BAPTISM**

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*Please complete all information. Please print clearly.*

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**Person to be Baptized**

Full Name: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Service Time: \_\_\_\_\_

Hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Parent(s)**

Father's/Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

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Father's/Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_



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**Sponsor(s)**

(1) Sponsor Name: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

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(1) Sponsor Name: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

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**For Office Use Only** ☰  
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Certificate: \_\_\_\_\_ Altar Care: \_\_\_\_\_

Pre-Baptismal Meeting: \_\_\_\_\_