



Baptismal Information
Epiphany Lutheran Church, Castle Rock, Colorado

Child
 Youth/Adult

Person's Name _____
(first) (middle) (last)

Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____

Date of Birth _____ **Place** _____

Date of Baptism _____ **Time** _____

Baptizing Pastor Pastor Chris Matthis _____

Father's Name _____
(first) (middle) (last)

Father's Church Affiliation _____

Mother's Name _____
(first) (middle) (last)

Mother's Maiden Name _____

Mother's Church Affiliation _____

Sponsor (s) _____

Comments: _____

Status: _____ Members _____ Regular Attendee _____ Non-Member

Date recorded _____ page # _____ CCB _____

