

  **Zion Baptismal Information**  

Date of Baptism: _____

Worship Service (check one): Sept-May at Zion ___ **Saturday 5:00 pm** ___ **Sunday 8:00am** ___ **10:30am**

June-Aug: at Zion ___ **Saturday 5:00 pm** ___ **Sunday 8:00am**
at the Shawano County Park Outdoor Service ___ **9:30am**

Child's Name: *first* _____ *middle* _____ *last* _____

Gender _____ **Date of Birth:** _____ **Age at baptism:** _____

Place of Birth: *hospital* _____

city, state _____

Father's Name: *first* _____ *middle* _____ *last* _____

Mother's Name: *first* _____ *middle* _____ *last* _____

Mother's Maiden name: _____

Address: _____

_____ **Phone:** (_____) _____

Sponsors: *first* _____ *middle* _____ *last* _____

Address: _____ Phone: (_____) _____

first _____ *middle* _____ *last* _____

Address: _____ Phone: (_____) _____

first _____ *middle* _____ *last* _____

Address: _____ Phone: (_____) _____

first _____ *middle* _____ *last* _____

Address: _____ Phone: (_____) _____

Officiant: _____