



Holy Baptism

Reservation Form

Canton Lutheran Church

Day and Date Desired for Baptism: _____ Member(s): _____ yes _____ no

Child's Full Name: _____ Birth Date: _____

Birth Place (town & hospital) _____ _____ Boy _____ Girl

Father's Full Name: _____ Cell Phone: _____

Father's Address: _____ City: _____

State: _____ Zip: _____ e-mail: _____

Mother's Full Name: _____ Cell Phone: _____

Mother's Address (if different) _____ City: _____

State: _____ Zip: _____ e-mail: _____

Sponsor's Name: _____ e-mail: _____

Sponsor's Church & Location: _____

Sponsor's Name: _____ e-mail: _____

Sponsor's Church & Location: _____

Please attach additional sheets if there are going to be more than two sponsors.



canton
Lutheran Church

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