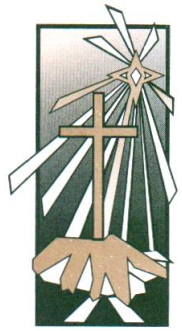


STAR OF BETHLEHEM LUTHERAN CHURCH & SCHOOL

Wisconsin Evangelical Lutheran Synod



APPLICATION FOR THE SACRAMENT OF HOLY BAPTISM

PART 1 Desired Date of Baptism __/__/20__

Full Name of Child _____

Date of Birth _____ Place of Birth _____

Father's Name _____

Mother's Name _____ Maiden Name _____

Address of Parents _____ Phone Number (____)____-____

Name of Sponsor or Witness _____

Church of Sponsor or Witness _____

Name of Sponsor or Witness _____

Church of Sponsor or Witness _____

PART 2 Check all that apply.

- We desire Holy Baptism for our child because we believe that the Lord Jesus instituted Holy Baptism for our salvation.*
- We believe that through Holy Baptism our child will be made a child of the Triune God.*
- We desire that our child would remain a child of God here on earth and in heaven eternally.*
- To this end, we pledge to give our child a Christian upbringing following his/her baptism.*
- We desire that our child be enrolled in the Cradle Roll, and later that he/she be part of the Sunday School of this church.*

SIGNATURES OF PARENTS: _____
