



BAPTISM REQUEST FORM

Salem Lutheran Church
631 N. 7th St. Montevideo, MN 56265
320-269-7624 • slcelca@msn.com
www.slcmonte.org

BAPTISMAL CANDIDATE'S INFORMATION

Full Name:

Date of Birth:

City/State of Birth:

PARENT INFORMATION - *WRITE NAMES AS YOU'D LIKE THEM TO APPEAR IN THE BULLETIN*

Mother's Name (first/last):

Father's Name (first/last):

Household Mailing Address:

Household Phone Number:

Household E-mail Address:

Please Specify Below the Best Form of Contact (call/text/e-mail) and Best Time of Day to Contact You for Scheduling:

BAPTISM DATE PREFERENCE - *DOES NOT GUARANTEE AVAILABILITY*

Please List Below Potential Baptism Date(s) That Would Work For You:

SPONSOR INFORMATION - *TYPICAL NUMBER OF SPONSORS IS 1-4*

Sponsor's Name (first/last):

Sponsor's Name (first/last):

Sponsor's Name (first/last):

Sponsor's Name (first/last):

SOCIAL HALL USE

If you are interested in using Salem's Social Hall (or Strombeck Room if Social Hall is unavailable) for a baptism party after worship, please make your request below. Indicate approximate number of guests and party end time (can be a rough estimate, ex: "between 1-2pm" "around 3pm"):

QUESTIONS/ADDITIONAL INFORMATION

If you have any questions about baptism at Salem or would like to provide any additional information, please do so below: