

contact date _____



Please review the Baptism brochure to understand what it means to have your child Baptized. Baptisms at Trinity are held the 3rd Sunday of each month. Only **3** Baptisms are held at each worship service. Baptism class is held every other month.

INFORMATION FOR BAPTISM

Child's Name _____
First Middle Last

Birthday _____ **Birthplace** _____
Month Day Year City County State

Father: _____

Member of Trinity _____ If not, where _____

Interested in becoming a member? _____ Cell Phone: _____

Mother: _____

Member of Trinity _____ If not, where _____

Interested in becoming a member? _____ Cell Phone: _____

Address _____
Street (P.O.) City State ZIP

Telephone _____ **Email Address:** _____

Sponsors (Godparents):

Name _____ Name _____

Name _____ Name _____

Desired Date of Baptism: _____

Desired worship Service:

8:00 _____

10:00 _____

After completing this form, please return it to the church office. Baptisms will be scheduled after you have completed the class. The church office will confirm your date and service.

Office use only

Baptismal Towels:

_____ Grace Johnson
6476 Donnybrook Drive
North Branch, MN 55056
674-8696

_____ Belinda Rupp
38570 Tamworth Ave.
North Branch, MN 55056
651-674-2309

Baptism Set Up:

_____ Lori Goodroad (674-5650)

_____ Rosanne Johnson (674-4400)

_____ Janelle Mork (674-4944)

_____ Sandy Johnson (674-7164)