



Zion Evangelical Lutheran Church
22 North Second Street
Waterville OH 43566-1401
Office (419)878-0266
FAX (419)878-4776

BAPTISMAL RECORD

Name _____
(First) (Middle) (Last)

Date of birth ___/___/___ Circle one: boy girl

Place of birth _____
(Hospital) (City/State)

Date of baptism ___/___/___ during the ___ 9:00 a.m. Service or ___ 10:45a.m. Service

Father's name _____
(First) (Middle) (Last)

Mother's name _____
(First) (Middle) (Last)

Street address _____

City _____ State _____ Zip _____

Phone number _____

Name(s) of Baptismal Sponsors _____

Officiating pastor _____

Please return from to church office as soon as possible.
Your child's Baptism date will be entered on the
Church's calendar after this form has been returned.