Date Submitted
to FLC office:

FIRST LUTHERAN CHURCH 1100 N. POINSETTIA AVENUE MANHATTAN BEACH, CALIFORNIA 90266 (310) 545-5653

## **BAPTISMAL RECORD**

<u>CANDIDATE</u>							
Full Name:							
	first		middle		last		
A d duo oo.							
Address:	street			city		state	zip
Phone:				E-mail:			
Date of Birth:		Pla	ice of Birth:				
Date of Birtin.			ce of birtii.	hospital/other		city	state
	Child:	Adult: _		Gender:		<del></del>	
Date Requeste	d for Bapt	tism:		Location:			
MOTHER							
Full Name:							
	first		middle		last (please	include maiden n	ате)
Address:							
	street			city		state	zip
Phone:		E-m	ail:			Religion:	
<u>FATHER</u>							
Full Name:							
	first		middle		last		
Address:							
	street			city		state	zip
Phone:		E-m	ail:			Religion:	
						-	
GODPARENTS Full Name:							
			_				
Phone:		Cit	y & State: _			Religion:	
Full Name:							
Phone:		Cit	y & State: _			Religion:	
If there will	be more tl			e the back of this she		additional inforn	nation.
Signature of Paren	t or Guard	dian:					
		Off	ice Use				
Date of Baptismal Instruction:				Date Co	elebrated:		
Pastor's Signature:		-					
(	Cradle Roll:	Sunda	y School:	Secretary:	Elders	s:	