



Application for Holy Baptism

Saint Matthew Lutheran Church
1915 Hogeboom Avenue
Eau Claire, WI 54701
Phone: 715-834-4028

** Please Print all information clearly **

Full Name: _____

Date of Birth: _____ **Birthplace:** _____

Mother's Name: _____

Father's Name: _____

Mailing Address: _____

Phone Number(s): _____

Church Membership: _____

Sponsor Information:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ **State:** _____

City: _____ **State:** _____

Church Membership: _____

Church Membership: _____

Date Baptism is desired: _____ **Which Service?** _____

Other: _____

Please return this form to the church office as soon as possible. Thank You!

(Effective 04/16/2012)