

Light of Grace

a Ministry of St. Ann's Interdenominational Church

Baptism Request

Baptism Date: _____ Baptism Time: _____

Main Contact Name: _____ Phone: _____

Email Address: _____ Relationship to Child: _____

Child's Name: _____ Age _____

(First)

(Middle)

(Last)

Gender: _____ Date of Birth: _____

City & State of Birth _____

Father's Name: _____ Religion: _____

(First)

(Last)

Mother's Name: _____ Religion _____

(First)

(Last)

Address: _____

Godparent's Name: _____ Relationship: _____

M/F

Godparent's Name: _____ Relationship: _____

M/F

How did you hear about Light of Grace? _____

Requested Donation to the church is \$150. Please submit donation one week prior to the date of Baptism. It is truly a blessing to us, to bless your child!

5806 West National Avenue, West Allis, WI 53214

414.258.5555

www.LightofGrace.church