

**BAPTISM INFORMATION RECORD**  
**Our Savior Lutheran Church**  
**98-1098 Moanalua Road Aiea, Hawaii 96701**  
**phone: 808.488.3654 office@oursaviorhawaii.com**

Full Name of Person Being Baptized \_\_\_\_\_

\_\_\_\_\_ Child \_\_\_\_\_ Adult

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ 8:15am 10:45am Special Time \_\_\_\_\_

Has this person ever been baptized before? Yes \_\_\_\_\_ No \_\_\_\_\_



Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Congregation \_\_\_\_\_



Name and address of Sponsors (if infant) (use back if you need more room)

\_\_\_\_\_

\_\_\_\_\_

Special Information we might need to know...

<b>For Office Use Only</b>	
Pastor Performing Baptism _____	Certificate Printed _____
Entered into Church Records _____	Shepherds Staff Updated _____