

Dobbs Ferry Lutheran Church
43 Ashford Avenue
Dobbs Ferry, NY 10522
914-693-0810

OFFICE USE ONLY:

- Certificate Given
- Baptismal Shell Given
- Baptismal Candle Given
- Church Records Updated

REQUEST FOR CHILD BAPTISM

Name of Person Submitting This Form: _____
Relationship to Child: _____

Child's Full Name: _____
Child's Date of Birth: _____ Gender: _____
City of Birth: _____ State: _____

PARENTS' INFORMATION

Father's Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Cell Phone: _____
Landline: _____
Which is the preferred number? _____
Church Membership: _____

Mother's Name: _____
Mother's Maiden Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Cell Phone: _____
Landline: _____
Which is the preferred number? _____
Church Membership: _____

PLANS

Requested Date of Baptism: _____

*Baptisms are only performed on Sundays,
as part of our worship service.*

SPONSORS / GODPARENTS

Name: _____
Church Membership: _____

Name: _____
Church Membership: _____

Name: _____
Church Membership: _____

Name: _____
Church Membership: _____

PHOTOGRAPHER'S INFORMATION

Name: _____
Cell Phone: _____
Landline: _____
Which is the preferred number? _____
Email: _____

*Please note that NO flash photography is
allowed during the baptism or worship service.*

Photographers may restage events afterwards.