

FAMILY WORSHIP LIFE

1. Child's name: _____

2. Does the child attend church regularly? Yes ___ No ___
Where? _____

3. Is the child baptized? Yes ___ No ___
Is yes, child's baptism date: _____
If no, are you interested in having your child baptized? _____

4. Father's church information:
Name of church: _____
Pastor's Name: _____
Church address: _____
City, State, and Zip: _____
Church phone: _____
Church denomination: _____

5. Mother's church information:
Name of church: _____

Pastor's Name: _____
Church address: _____
City, State and Zip: _____
Church phone: _____
Church denomination: _____

6. Would you like to learn more about the Lutheran Church, Missouri
Synod?
Yes ___ No ___

7. Would you like the Pastor to contact you? _____