Please complete this form and e-mail it to Julie at jlorenz@stjstl.net. Once we receive it, we will schedule the baptism and confirm that date and time with you. You may also print it and bring it to the meeting with you.

**Full Name:**

*First, Middle, Last (and Maiden if applicable)*

**Date of Birth:**       **Place (City/State):**

**Spouse/Children:**
*(If applicable. Include relationship to you and ages of children.)*

**Home address:**       **CITY, STATE:**       **ZIP:**

**Primary phone:**       **phone TYPE:**       **Email:**

**St. John Member? YES** [ ]  **NO** [ ]  **I’m Interested** [ ]

**If no, what Church:**

Baptism is God’s gift to us—a new beginning, a new chapter in your LIFEjourney that begins a deeper relationship with Jesus Christ. As the body of Christ, we want to celebrate with you and encourage you. It is also such a powerful witness to others! For these reasons, when selecting the date and time, we encourage you to prayerfully consider being baptized during one of our services.

 **Baptism (1st choice) Date:**       **[ ]  during [ ]  after SERVICE:**

 **Baptism (2nd choice) Date:**       **[ ]  during [ ]  after SERVICE:**

[ ]  I **have met with a Pastor/Leader.** [ ]  **Please call me to schedule a meeting.**

Why do you want to be baptized?

**Anything else we should know?**

 **FOR OFFICE USE ONLY:**

 Officiating Pastor:

 [ ]  meeting [ ]  approved [ ]  calendar [ ]  blessing (students only) [ ]  update database

 Notes: