Please complete this form and return it to Julie by e-mailing it to jlorenz@stjstl.net. Once we receive it, we will schedule the baptism and confirm that date and time with you.

**CHILD’s Full Name:** Click or tap here to enter text.**[ ]  male [ ]  female**

**Date of Birth:** Click or tap here to enter text. **Place:** Click or tap here to enter text.

**Father’s FULL NAME:** Click or tap here to enter text.

**Mother’s FULL NAME:** Click or tap here to enter text.

**Home address:** Click or tap here to enter text.

**CITY**Click or tap here to enter text. **STATE:** Click or tap here to enter text. **ZIP:** Click or tap here to enter text.

**Primary phone:** Click or tap here to enter text. **phone TYPE:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

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

**If no, what Church:** Click or tap here to enter text.

**Christian Sponsors and Member of what Church/Denomination**

 **Baptism (1st choice) Date:** Click or tap here to enter text. **[ ]  during [ ]  after SERVICE:**Click or tap here to enter text.

 **Baptism (2nd choice) Date:**Click or tap here to enter text. **[ ]  during [ ]  after SERVICE:**Click or tap here to enter text.

 **I** [ ]  **have attended /** [ ]  **will attend the Baptism Orientation\* on**

 *\*Orientations in* ***2018****: 8/12, 9/9, 10/7, 11/11* ***2019****: 1/13, 2/10, 3/10, 4/14, 5/5, 6/9* **[ ]  Please call me**

**Why do you want to have your child baptized?**

**Anything else we should know?**

 **FOR OFFICE USE ONLY:**

 Officiating Pastor:

 [ ]  orient/meeting [ ]  approved [ ]  calendar [ ]  PCO [ ]  blessing [ ]  update info

 Notes: