Please complete this form and return it to Julie by e-mailing it to [jlorenz@stjstl.net](mailto: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: