

Holy Baptism Request Form

Parent or Guardian Information			
Parent's or Guardian's Names		Address:	
Phone Number		E-mail	
Members of St. John's?		If no, name of church or faith background	
If you are not members of St. John's, Why St. John's?			

Baptism Request Information			
Child's full Name		Date of Birth	
Requested Date		Worship Service Time	<input type="checkbox"/> 4:30p <input type="checkbox"/> 8:30a <input type="checkbox"/> 11:15am
<i>Please Note: Baptisms at St. John's are typically conducted on the 2nd or 4th of the month.</i>			
Godparent's Name:		Baptized ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, contact the pastor.
Godparent's Name:		Baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, contact the pastor.

Office Use							
Approved ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, explain				
Elders Notified	<input type="checkbox"/>	Added to Church Calendar	<input type="checkbox"/>	Added to Pastor's Calendar	<input type="checkbox"/>	Faith Chest	<input type="checkbox"/>
							Decorated By?
Notes				<div style="background-color: #e0ffe0; padding: 10px; border: 1px solid black;"> <p style="font-family: cursive; font-size: 1.2em;">Therefore go and make disciples of baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you.</p> </div>			