

ST. JOHN'S LUTHERAN CHURCH

Baptism Information

(rev. 6/28/2016)

Please fill out and return to St. John's Lutheran Church Office:

e-mail: office@StJohnsErie.org

post: 2216 Peach Street, Erie PA 16502

OFFICE USE ONLY

Altar Guild Notified: _____

Custodian notified: _____

Baptismal Certificate: _____

NAME OF CANDIDATE: _____ Male Female
(Full Name)

DATE OF BIRTH: _____ **LOCATION:** _____
(City & State)

DATE AND TIME OF WORSHIP SERVICE: _____

ALREADY A MEMBER OF ST. JOHN'S LUTHERAN CHURCH: Yes No

For Child Baptism:

FULL NAME OF FATHER (if applicable): _____

FATHER MEMBER OF ST. JOHN'S LUTHERAN CHURCH: Yes No

If not: _____
(Church of Membership: name/city/state) (Church Denomination)

FULL NAME OF MOTHER (if applicable): _____

MOTHER'S MAIDEN NAME (if applicable): _____

MOTHER MEMBER OF ST. JOHN'S LUTHERAN CHURCH: Yes No

If not: _____
(Church of Membership: name/city/state) (Church Denomination)

ADDRESS: _____
(Street) (City & State) (Zip Code)

PHONE NUMBER: () _____ **EMAIL:** _____

SPONSOR: _____ **RELATIONSHIP:** _____
(Full Name)

(Church of Membership: name/city/state) (Church Denomination)

SPONSOR: _____ **RELATIONSHIP:** _____
(Full Name)

(Church of Membership: name/city/state) (Church Denomination)

FAMILY MEMBER TO CONTACT REGARDING THE BAPTISM SERVICE:

NAME: _____ **PHONE:** () _____

ADDRESS: _____

E-MAIL: _____

Will the family be using the Parish Hall following the baptismal service? Yes No