



**Request for Baptism**

*Please complete this form and return it to St. Mark's at stmarks@stmarks-nsp.org. Questions? Contact the church at 651.777.7451 or stmarks@stmarks-nsp.org.*

Full Name of the Child to be Baptized: \_\_\_\_\_  
(first, middle, last)

Child's Gender: Male      Female      Date of Birth: \_\_\_\_\_ (m/d/y)      Graduation Year \_\_\_\_\_

Preferred Date of Baptism: \_\_\_\_\_ Time \_\_\_\_\_

**Parents/Legal Guardians' Names & Contact Information**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Member of St. Mark's? \_\_\_\_\_

Member of St. Mark's? \_\_\_\_\_

If no, are you interested in joining? \_\_\_\_\_

If no, are you interested in joining? \_\_\_\_\_

**Family Background:**

Are you married? \_\_\_\_\_

If yes, date of marriage: \_\_\_\_\_

Please list, in chronological order, all the children in your family, including the child who is to be baptized:

Name	Date of Birth	Date of Baptism
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Sponsors/Godparents:**

*(We suggest at least two people who will help you raise your child in the faith, and as many as four people.)*

1. Full Name: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

3. Full Name: \_\_\_\_\_

4. Full Name: \_\_\_\_\_

Parent(s)' Signatures: \_\_\_\_\_

Date: \_\_\_\_\_