



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 Child's Date of Birth: _____ (month/day/year)

Preferred Date of Baptism: _____ Time _____

Parents/Legal Guardians' Names & Contact Information

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Phone: _____

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: _____

We(I) intend to raise our child in the Christian faith, and agree to meet with the pastor for Baptism class.

Date: _____

Parent(s)' Signatures: _____