

BAPTISM

*"How great is the love the Father has lavished on us,
that we should be called children of God!
And that is what we are!" (1 John 3:1)*

Please complete this form and return it to Julie by e-mailing it to jlorenz@pathfinderstl.org. Once we receive it, we will schedule the baptism and confirm that date and time with you.

CHILD'S NAME (FIRST, MIDDLE, LAST): _____ male female

DATE OF BIRTH: _____ CITY OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____

HOME ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ PHONE TYPE: _____

EMAIL: _____

PATHFINDER CHURCH MEMBER? YES NO I'M INTERESTED

IF NO, WHAT CHURCH?: _____

MAY WE CELEBRATE YOUR CHILD'S BAPTISM IN FAITH MATTERS, PATHFINDER'S QUARTERLY PUBLICATION. (PICTURES INCLUDED WITHOUT IDENTIFYING NAMES) YES NO

CHRISTIAN SPONSORS (PLEASE LIST DENOMINATION OR CHURCH AFFILIATION)

BAPTISM (1ST choice) DATE: _____ during after SERVICE:

BAPTISM (2ND choice) DATE: _____ during after SERVICE:

I have attended / will attend the Baptism Orientation* on _____

*Orientations 2024: 8/18, 9/8, 10/13, 11/10 2025 1/12, 2/9, 3/9, 4/6, 5/4, 6/8 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: _____