



St. John's Evangelical Lutheran Church

Baptismal Information Form

Child's Information

Name (FULL): _____

Date of Birth: _____ Location: _____

Date of Baptism: _____ Location: _____

Parent's Information

Mother: _____ Father: _____

Mailing Address: _____

Church Membership: _____

Sponsor's Information

Sponsor #1: _____

Address: _____ Relationship: _____

Sponsor #2: _____

Address: _____ Relationship: _____

Special Requests

If you would like to have other members of your family participate in the baptism liturgy such as grandparents or siblings, please indicate

The Rev. Adam G Snook

E: stjohismahonebay@gmail.com

P: (902) 624-9660

W: stjohismahonebay.ca