



Saint John's

Evangelical Lutheran Church

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Baptism Plans

Date of Baptism _____ Time: _____

Name of the person to be baptized: _____

Date of birth: _____

When baptizing a child

Name of parent 1: _____ Member: Y or N

Name of parent 2: _____ Member: Y or N

Primary Contact: Parent 1 or 2

Primary Contact phone: _____ Email: _____

Baptismal Sponsor: _____ Member: Y or N

Estimated Attendance: _____

ADDITIONAL NOTES