

Request Received Date: \_\_\_\_\_ Appointment with Pastor Date: \_\_\_\_\_

## St. Mark Lutheran Church

200 S. Wille Street, Mt. Prospect, IL 60056

847-253-0631 [stmarkmp@stmarkmp.org](mailto:stmarkmp@stmarkmp.org)

Baptismal Date: \_\_\_\_\_ Baptismal Time: \_\_\_\_\_

### APPLICATION FOR HOLY BAPTISM

Note: Complete and return to the Church office five (5) days prior to the scheduled baptism. Two or more sponsors may be present at the baptism and should be participating member of a Christian church. Holy Baptism is normally scheduled to take place during Sunday morning worship services.

Name of child \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Mother's full name: [Including maiden name] \_\_\_\_\_

Church membership, Father: \_\_\_\_\_

Church membership, Mother: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip/Phone: \_\_\_\_\_

**Email** [Family] \_\_\_\_\_

Father: Business Address

Mother: Business Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

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

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

Signature

Signature

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Godparents [List as they should appear on certificate]

\_\_\_\_\_

An informal information meeting with the officiating pastor should be scheduled two or more weeks before the baptism; Please call or email the church office to schedule this meeting. Parents and other children in the family are welcome.

If either parent is not a member of a Christian congregation, the baptism of your child is an opportune time to consider the teachings of the Christian faith and the promises of Jesus Christ, to you personally. Please speak to one of the Pastors about this opportunity.