



# BAPTISM APPLICATION

DATE OF BAPTISM		SERVICE REQUESTED <input type="checkbox"/> 9:00AM SUNDAY <input type="checkbox"/> PRIVATE SERVICE <input type="checkbox"/> OTHER		
PASTOR		NUMBER OF PEOPLE ATTENDING PRIVATE SERVICE <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 30+		
<b>BAPSTIM DATA</b>				
CHILD'S FULL NAME			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH		PLACE OF BIRTH		
FATHER'S NAME				
MOTHER'S NAME (INCLUDING MAIDEN)				
<b>ADDRESS</b>				
STREET				
TOWN		STATE	ZIP CODE	
HOME PHONE		CELL PHONE 1		CELL PHONE 2
EMAIL ADDRESS 1				
EMAIL ADDRESS 2				
<b>SPONSORS</b>				
SPONSOR #1				
SPONSOR #2				
SPONSOR #3				
SPONSOR #4				
SPONSOR #5				
SPONSOR #6				



# BAPTISM APPLICATION

IF BAPTISMAL INFORMATION WILL BE SENT TO ANOTHER CHURCH, PLEASE LIST ADDRESS.  
(IF FAMILY HAS NO CHURCH HOME, BAPTISMAL MEMBERSHIP WILL BE RETAINED AT ST. PAUL'S-PERHAM).

STREET ADDRESS

TOWN

STATE

ZIPCODE

ANY ADDITIONAL INFORMATION NOT LISTED ABOVE

Multiple horizontal lines for providing additional information.

If you have questions about the completion of this form, please connect with Pastor at 218-346-7725 or [Andrew.Ratcliffe@stpaulsperham.org](mailto:Andrew.Ratcliffe@stpaulsperham.org). When complete, you can print this form and return to the church office or save a pdf copy and email it to [churchoffice@stpaulsperham.org](mailto:churchoffice@stpaulsperham.org). Thank you!

### OFFICE USE ONLY

PROVIDE COPIES OF FORM TO:

- PASTOR
- DCE
- SECRETARY
- CRADLE ROLL
- BAPTISM QUILTS (LUANN CAROW)
- CERTIFICATES PREPARED (BARB SCHAVE)