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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Christian Sponsors (Please LIst Denomination OR church MEMBERSHIP)**

 **Baptism (1st choice) Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[ ]  during [ ]  after SERVICE: \_\_\_\_\_\_\_\_\_\_**

 **Baptism (2nd choice) Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  during [ ]  after SERVICE: \_\_\_\_\_\_\_\_\_**

 **I** [ ]  **have attended /** [ ]  **will attend the Baptism Orientation\* on** Click or tap here to enter text.

*\*Orientations* ***2021****: 9/12, 10/10, 11/7* ***2022****: 1/16, 2/13, 3/13, 4/10, 5/1, 6/12* **[ ]  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: