



The Sacrament of Holy Baptism

INFORMATION FOR BAPTISM

ST. JOHN EV. LUTHERAN CHURCH
146 6th Avenue West
Dickinson, ND 58601
Telephone (701) 225-6747
www.stjohnelc.org

PART I

THE SACRAMENT OF BAPTISM is offered for all of God's people as a gift.

- In this congregation, infants and children may be baptized when one or more family members belong to this congregation.
- Under certain circumstances, infants and children whose parents are not members may be baptized if a sponsor is a member of this congregation.
- When a parent is a member of another Lutheran church, baptism may take place here if the membership of the baptized infant or child can be transferred to the congregation of the parent's membership.
- Adults who receive baptismal instruction in classes or from a pastor may be baptized.

PART II

FOR PARENTS: Bringing your child for baptism assigns you the following responsibilities:

- Living with your child among God's faithful people
- Bringing your child to the word of God and the holy supper
- Teaching your child the Lord's Prayer, the Creed and the Ten Commandments
- Placing in your child's hands the holy scriptures
- Nurturing your child in faith and prayer.

PART III

(Please print or type all information)

We desire to schedule a baptism for the following worship service (mark box next to service time & fill in date) :

- 7:00 p.m. Thursday
- 8:00 a.m. Sunday
- 9:30 a.m. Sunday (June through August)
- 10:30 a.m. Sunday (September through May)

Date of Baptism: _____
(Please submit a photo of your child to hang on the St. John baptism quilt. Photos should be wallet sized, or no larger than 4"x6". Photos will not be returned.)

BAPTISM INFORMATION ~

Child's Full Name _____ Son _____ Daughter _____

Date of Birth _____ City of Birth _____

Mother's Maiden Name _____

Name(s) of Sponsors:

Church Membership:

City:

Why are you bringing your infant or child here to be baptized? _____

HOUSEHOLD INFORMATION

Head of HH _____ Spouse _____

Address (city, state, zip) _____

HH phone _____ HH email _____

PARENT INFORMATION

Head of HH _____

Cell phone: _____

Pers email _____

Employer: _____

Work phone _____

Work email _____

Gender: M F Member of St. John? Y N

Spouse _____

Cell phone: _____

Pers email _____

Employer _____

work phone _____

work email _____

Gender: M F Member of St. John? Y N

Office use ~ please date and initial Rec'd _____ CMS _____ NN _____