

# St. John the Divine Adult Baptism Form



Family Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

## CANDIDATE:

Formal First Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Suffix (Jr, IV, etc.) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ City of Birth \_\_\_\_\_  
Marital Staus \_\_\_\_\_ Anniversary Date (if applicable) \_\_\_\_\_

## SPONSOR: (must be baptized; information used on certificate)

Full Name: \_\_\_\_\_  
Full Name: \_\_\_\_\_

## Membership Commitment:

As a member of St. John the Divine, I recognize that it involves the following responsibilities:

*(please initial each)*

- \_\_\_ Regular attendance
- \_\_\_ Participation in faith formation
- \_\_\_ An annual financial commitment

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BAPTISM DETAILS: (to be determined with church staff later)

Date \_\_\_\_\_ Estimated Number Attending \_\_\_\_\_  
Time & Location (select 1):  8am chapel  9am church  9:15am HLC  11:15am church  11:15am HLC