

St. John the Divine Child 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 _____	

BAPTISM DETAILS:

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

FATHER:

Formal First Name _____	Nickname _____
Middle Name _____	Last Name _____
Prefix (Mr./Ms./Dr. etc.) _____	Suffix (Jr, IV, etc.) _____
Email _____	Mobile Phone _____
Date of Birth (MM/DD/YYYY) _____	Baptized (Y/N) _____ Date: _____
Confirmed (Y/N) _____ Date: _____	

Marital Status _____ Anniversary Date (if applicable) _____

MOTHER:

Formal First Name _____	Nickname _____
Middle Name _____	Last Name _____
Prefix (Mr./Ms./Dr. etc.) _____	Suffix (Jr, IV, etc.) _____
Email _____	Mobile Phone _____
Date of Birth (MM/DD/YYYY) _____	Baptized (Y/N) _____ Date: _____
Confirmed (Y/N) _____ Date: _____	

SIBLINGS:

Full Name (First, Middle, Last, "Nickname")	Gender	DOB (MM/DD/YYYY)	Grade	Baptized? Date?	Confirmed? Date?

GODPARENTS: (must be baptized; information used on certificate)

Full Name: _____
 Full Name: _____

Membership is required through baptism or confirmation as a prerequisite to baptize your child(ren) at St. John the Divine.

Membership Commitment:

As members of St. John the Divine, we recognize that it involves the following responsibilities: (please initial each) <input type="checkbox"/> Regular attendance <input type="checkbox"/> Participation in faith formation <input type="checkbox"/> An annual financial commitment
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Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

Please email form to Director of Membership, Kim Jameson, at kjameson@sjd.org
