

ST. MARK LUTHERAN CHURCH - BAPTISM FORM

*Please complete all areas of the form indicated below and submit to
St. Mark Church Office either in person or via email at office@stmarklutheran.org.
Questions? Contact the Church Office via email or at 434-293-3311*

I. Baptizand

Full Name: _____
First Name Middle Name Last Name Suffix

Date of Birth: _____ Place of Birth _____
Day/Month/Year City, State

II. Family Information

Parent/Guardian Name: _____
First Name Middle Name Last Name Suffix

Maiden Name (if applicable): _____

Church Affiliation/Membership: _____

Parent/Guardian Name: _____
First Name Middle Name Last Name Suffix

Maiden Name (if applicable): _____

Church Affiliation/Membership: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

EMAIL: _____

Baptizand Siblings (please list names and ages, if applicable):

III. Sponsor Information:

Sponsor Full Name: _____ Church: _____

Sponsor Full Name: _____ Church: _____

Number of Pews Requested for Baptism (8 persons per pew): _____ pews

Thank you for completing the Baptism Form. St. Mark's church office will be in touch with you soon!

ONLY TO BE COMPLETED BY ST. MARK CHURCH OFFICE:

Service Information

Baptism Date: _____ Worship Service Time: _____

Pastor presiding over baptism: Pastor _____

Baptismal Counseling Date: _____

Pastor: Pastor _____

Pastor's Comments: