

Complete this form and deliver to the church office. We will confirm the date of your child's baptism by mail.

Gustavus Adolphus Lutheran Church

1669 N. Arcade Street

St. Paul, MN 55106

Ph: 651-774-5954; www.gachurch.org

REQUEST FOR BAPTISM—2007



Congratulations! God has called you to bring your child for baptism in Jesus Christ! We look forward to this special time in your family, as well as the special journey we will walk with you through your child's life! Please note that we have some helpful information to assist you in planning the day, as well as your life as Christian parents.

We encourage parent(s) to attend a baptism class prior to the baptism of a baby or child. You may attend this class before the birth of your child, if you would like. Children are welcome at the class.

Your child's baptism will be scheduled in consideration of the worship schedule of the church. At the 9:00 am service, we celebrate holy communion on the 1st and 3rd Sundays of each month, and would prefer not to schedule a baptism on these Sundays. Our New Life service is held at 11:15 am during the school year, and at 10:30 am in the summer. Holy Communion is celebrated each week at the New Life service, and baptisms may be requested on most Sundays at this service.

DATE OF BAPTISM: ____/____/____

9:00 am service

New Life service __11:15 am (or __10:30 am summer)

FOR THE BAPTISM OF:

Date of Birth: ____/____/____

(PLEASE PRINT—first, middle, last names)

Place of Birth: _____

MOTHER'S NAME: _____

(PLEASE PRINT—first, middle, last names)

Home Address (street, city, state, zip): _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

E-mail(s): _____

Member of Gustavus Adolphus? If not, what is your religious background or home church: _____

[Membership defined by active participation within one year prior to baptism date.]

Other family who are members of Gustavus Adolphus? _____

FATHER'S NAME: _____

(PLEASE PRINT—first, middle, last names)

Home Address (street, city, state, zip): _____

SAME ADDRESS AS ABOVE _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

E-mail(s): _____

Member of Gustavus Adolphus? If not, what is your religious background or home church: _____

[Membership defined by active participation within one year prior to baptism date.]

Other family who are members of Gustavus Adolphus? _____



It is the custom in our church for parents to designate 2-4 sponsors who will participate in the baptism service. They will make vows to support the parents in raising the child in a Christian home and the Christian church. Because of the importance of this sacrament, we encourage you to select sponsors who are baptized and active participants in the Christian faith.

SPONSOR NAMES:

Request made by: _____ Date: ____/____/____

OFFICE USE ONLY

- Completed form received ____/____/____
- Added to church calendar
- Confirmation letter sent
- Copies to pastors, Music Director, Christian Education Director & "Splash" coordinator
- Bulletin prepared
- Certificates completed
- Data recorded in Shelby
 - Profiled
 - Ministerial Acts
- Child's letter sent