



# GUSTAVUS ADOLPHUS LUTHERAN CHURCH

1669 N. Arcade Street  
St. Paul, MN 55106  
Ph: 651-774-5954; www.gachurch.org



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

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.

**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: \_\_\_\_\_

**PARENT'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? \_\_\_\_\_

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