

# St. John's Evangelical Lutheran Church and School (LCMS)

9141 County Road 101  
Corcoran, MN 55340  
763-420-2426 or FAX 763-420-7198

Matthew V. Moss, Pastor  
Matthew P. Johnson, Pastor



*“Learning and Living as God’s Baptized Children”*

## BAPTISM APPLICATION

DATE: \_\_\_\_\_

CHILD’S FULL NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

BIRTHPLACE: (City,State,Hospital) \_\_\_\_\_

FATHER’S FULL NAME: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_

MOTHER’S FULL NAME: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_

FAMILY ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

LCMS SPONSORS: (Must be LCMS Members) \_\_\_\_\_

WITNESSES: (optional) \_\_\_\_\_

PUBLIC SERVICE? \_\_\_\_\_ PRIVATE SERVICE? \_\_\_\_\_

DATE/TIME OF BAPTISM SERVICE: \_\_\_\_\_

OFFICIANT: \_\_\_\_\_

(Baptism Preparation Checklist – Office Use Only)

\_\_\_/\_\_\_/\_\_\_/\_\_\_ Notifications: Worship Assistant/Banner Maker/Altar Guild/Custodian  
\_\_\_ Prepare materials: \_\_\_ Certificates, \_\_\_ Sponsor Brochures, \_\_\_ Book Note, \_\_\_ Candle, \_\_\_ EO  
\_\_\_ Scan docs to Shared Files: \_\_\_ Application  
\_\_\_ Shepherd’s Staff database update  
\_\_\_ Red Record Book entry