

HOLY BAPTISM WORKSHEET

The Episcopal Church of St. John in the Wilderness

2175 1st Street, White Bear Lake, MN 55110

651-429-5351

www.stjohnwilderness.org

DATE OF BAPTISM: _____

WORSHIP TIME: _____

CANDIDATE'S FULL NAME: _____

DATE OF BIRTH: _____ SEX: _____

PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

ADDRESS OF PARENTS (OR ADULT CANDIDATE):

PHONE: _____ EMAIL: _____

RELIGIOUS AFFILIATION OF PARENTS:

FATHER: _____

MOTHER: _____

MEMBER/S OF ST. JOHN'S: _____ YES _____ NO

SPONSORS

1) _____ 3) _____

2) _____ 4) _____

OFFICIANT: _____

FOR OFFICE USE

PLANNING: ___ ADMIN ___ LITURGY&MUSIC ___ RECTOR
 ___ ALTAR GUILD ___ MUSIC MINISTER ___ YOUTH&CHILDREN

RECORDS: ___ CMS ___ BAPTISM REGISTER ___ MASTER REGISTER