

St. Mark Lutheran Church

1822 E. Grand Avenue
Lindenhurst, IL 60046
Phone: 847-356-8140

BAPTISMAL POLICY

1. All baptisms will be performed with the approval of the Pastor(s) and will be presided over by the Pastor(s) of St. Mark Lutheran Church.
2. In order for a **member** to schedule a baptism of an immediate family member, regular church attendance is required and a meeting with the Pastor must be scheduled.
3. In order for a **non-member** to schedule a baptism of an immediate family member, regular attendance is required for a minimum of two months. *After regular church attendance is established and verified a baptism date may be scheduled by calling the church office.*
4. Regular attendance, after the baptism, is an essential part of the promises that you made to God and to the church.
5. Persons with an active attendance record at another church, wishing to have an immediate family member baptized at St Mark Lutheran Church, may do so at the discretion of the Pastor(s) and then have the baptized person's membership transferred to the home church.
6. The Pastor will approve all participants in a baptism.
7. If a baptism and/or any participants shall prove controversial, the Pastor may seek the opinion and consent or denial of the Council.
8. Flash photography should not occur during the service, unless the Pastor chooses to make an exception. Camcorder photography should not interfere with the solemnity or reverence of the service.
9. The Pastor charges no fee to perform the baptism.
10. Fatally ill or fatally injured infants/children/adults can be baptized at any location, without question, and by anyone who is able to do the baptism - Pastor or lay person.



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BAPTISM INFORMATION

- * Please **PRINT** the following information regarding this baptism.
- * This information is used to complete our Parish Register and must be obtained 2 weeks prior to date of Baptism.
- * Complete one form for each person being baptized.

*All Baptisms must be approved before a date can be scheduled.
Please contact the Church office to begin the process.*

*After approval, parents will be required to attend a pre-baptismal meeting with Leadership.
It is the responsibility of the parents to call the church office to set up this meeting.*

Please print

Legal Name of Child: _____ girl ___ boy ___

Birth Date ___/___/___ Place _____
(Hospital, City and State)

Mother's Name _____ Maiden name _____

Father's Name _____

Home Address _____

City _____ State _____ Zip _____

Phone: _____ (Home / Cell) Work: _____ Ext. _____

Email: _____ (mothers / fathers)

Date of Baptism: ___/___/___ Service: ___ 5:30pm Saturday
___ 8:00am or ___ 10:30am Sunday

Godmother(s) Name: _____

Godfather(s) Name: _____

Special Arrangements:

Member? YES ___ NO ___

Interested in being a member? YES ___ NO ___

For Office Use Only:

___ Archive
___ SK
___ Certs
___ Candle
___ Cradle Roll
___ Napkin
___ VOICE