

Child Baptism Information

Preferred Baptism Date: _____ Reserve seating for approximately _____ people

Requested Pastor: _____ Time: 8:00 9:30 11:00

Child's Full Name: _____
(First) (Middle) (Last)

Child's Birthdate: _____ Male Female

Address: _____

Home Phone: _____ Work Phone: _____

Father's Full Name: _____
(First) (Middle) (Last)

Affiliation with Gloria Dei: Member Regular Visitor None

Mother's Full Name: _____
(First) (Middle) (Last)

Affiliation with Gloria Dei: Member Regular Visitor None

Sponsors (optional): _____

Date of Family interview with Pastor: _____

Information Received: _____

- I give Gloria Dei Lutheran Church permission to record and edit: my family's image, photograph, picture, likeness, and voice by any technology and means and the right to display such recordings for any legitimate purpose including but not limited to Gloria Dei's internet website, printed material, or story board.

Signature _____