

## Adult Baptism Information

Preferred Baptism Date: \_\_\_\_\_ Reserve seating for approximately \_\_\_\_\_ people

Requested Pastor: \_\_\_\_\_ Time:  8:00  9:30  11:00

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birthdate: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Affiliation with Gloria Dei:  Member  Regular Visitor  None

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 \_\_\_\_\_