



Baptism Information Record

Date of Proposed Baptism _____ Time: _____

Child's Full Name _____

Date of Birth _____ Gender (M/F) _____

Place of Birth _____

Father's Name _____ Date of Birth _____

Mother's Name _____ Date of Birth _____

Mother's Maiden Name _____

Parents' Church Membership Members _____ Non- Members _____

Parents' Address _____

Phone Number _____ E-mail _____

Yes ☐ I hereby consent to Glory Lutheran Church sending me news, information as described and material via email, text, voice mail or other electronic or telecommunication means. I understand that I can unsubscribe from receiving such materials at any time.

No ☐ I do not wish to receive electronic communications from Glory Lutheran Church.

Sponsors' Names _____ (M/F)

_____ (M/F)

Pastor Performing Baptism _____

_____ Baptismal Certificate Prepared

_____ Baptism Candle prepared

_____ Information entered into Database