



Gloria Dei Lutheran Church
Baptism Form
(Please fill out completely
and return to the office)

Child's Full Name: _____

Date of Birth: _____

City of Birth: _____

Father's Name: _____

Is Father a Member?: _____

Mother's Name: _____

Is Mother a Member?: _____

Address: _____

Phone: _____

Email Address: _____

Godparents/Sponsors: _____

Date of Baptism: _____ Service Time: _____

Pastor: _____

Email the completed form to info@gloriadeilcms.org