VICTORY LUTHERAN CHURCH BAPTISM INFORMATION

Date Information Received _____

Please Print Name of Person Being Baptized

First	Middle		Last	
Birth Date	Place of Birth (City, S	State)		
Baptism Date	Service Time	Baptized by F	Pastor	
Father's Name First		Middle	Last	
Mother's Name First		Middle	Last	
(If adult baptism, please	e note marital status)			
Single Widowed Divorced Married Spouse's Name				
Address		City	State	Zip
Best time of day to call: Morning Afternoon Evening				
Home Phone		Cell Phone		
Email				
Are parents members of Victory Lutheran Church? Yes No				
Sponsors for Baptism:				
-				
Permission given to release information to Thrivent? Yes No				
Pastor's Notes:				