



## APPLICATION FOR HOLY BAPTISM

Trinity Lutheran Church  
203 N. Harth Ave.  
Madison, South Dakota 57042  
605-256-2771 [www.tlcmadison.com](http://www.tlcmadison.com)

### Candidate:

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

Date of Birth: \_\_\_\_\_ Sex: MALE or FEMALE

Birthplace: \_\_\_\_\_  
(City) (County) (State)

### Parents:

Father's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Church Membership: \_\_\_\_\_  
(Congregation) (City/State)

Mother's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Church Membership: \_\_\_\_\_  
(Congregation) (City/State)

Address: \_\_\_\_\_  
(Street) (City/State/Zip)

Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_

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

### Sponsors:

First Sponsor Name(s): \_\_\_\_\_

Church Membership: \_\_\_\_\_  
(Congregation) (City/State)

Second Sponsor Name(s): \_\_\_\_\_

Church Membership: \_\_\_\_\_  
(Congregation) (City/State)

### Date for the Sacrament of Holy Baptism:

Date: \_\_\_\_\_

- Saturday Evening (6:00 p.m.)
- Sunday Traditional Worship (8:45 a.m.)
- Sunday Celebration Service (11:00 a.m.)

### Photo Release:

I hereby give my consent for Trinity Lutheran Church to use my photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the minor children, myself, and sponsors and attest that I am the parent or legal guardian of the children listed above. I authorize Trinity Lutheran Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_