



APPLICATION FOR HOLY BAPTISM

Trinity Lutheran Church
203 N. Harth Ave.
Madison, South Dakota 57042
605-256-2771 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 Worship (9:30 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: _____