Child's Name: _____
First Middle Last

Baptism Information Sheet

Baptisms are scheduled for non-communion services;
Sanctuary on 2nd, 4th & 5th Sundays each month,
Family Life Center on 1st, 3rd and 5th Saturdays

Baptism Date Preferences_____

Please indicate your worship service preferences, if more than one, please note 1st, 2nd, etc.:

Sanctuary Worship Services:
_____ 8 a.m. Traditional
_____ 9:30 a.m. Traditional Blend
_____ 11 a.m. Contemporary

Family Life Center Worship Services:
_____ 5:30 p.m. Saturday
_____ 10 a.m. Casual Contemporary Sunday

Birth Date _____ City/State of Birth_____

Father's Name _____

Mother's Name _____Maiden Name _____

Address _____

City _____ State _____ Zip Code _____

Best phone number to reach you during the day _____

E-mail _____

Are parents members of Gloria Dei? Father _____ Mother _____

Sponsors 1. _____
2. _____
3. _____

Number of persons attending (for pew reservation): _____

Would family like front or back / left or right pew (as you face the front)?

_____

**Please send completed form to diane@gloriadeionline.com. Click on the envelope icon in the PDF toolbar. If you have any questions please contact Diane via e-mail or call 276-1700 ext. 220.

Office Use

Cradle Roll /Banner	
Planning Center	
Shepherd's Staff	
Book of Life	
Certificates & Service folder	