

Dobbs Ferry Lutheran Church  
43 Ashford Avenue  
Dobbs Ferry, NY 10522  
914-693-0810

OFFICE USE ONLY:

- Certificate Given
- Baptismal Shell Given
- Baptismal Candle Given
- Church Records Updated

**REQUEST FOR ADULT BAPTISM**

Name of Person Submitting This Form: \_\_\_\_\_  
Relationship to Person Being Baptized: \_\_\_\_\_

INFORMATION - PERSON TO BE BAPTIZED

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Landline: \_\_\_\_\_  
Which is the preferred number? \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
City of Birth: \_\_\_\_\_

PREVIOUS HOUSES OF WORSHIP

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
City: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
City: \_\_\_\_\_

Potential Areas of Service To This  
Congregation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLANS

Requested Date of Baptism: \_\_\_\_\_  
*Baptisms are only performed on Sundays,  
as part of our worship service.*

SPONSORS

Name: \_\_\_\_\_  
Church Membership: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Church Membership: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Church Membership: \_\_\_\_\_

PHOTOGRAPHER'S INFORMATION

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Landline: \_\_\_\_\_  
Which is the preferred number? \_\_\_\_\_  
Email: \_\_\_\_\_

*Please note that NO flash photography is  
allowed during the baptism or worship service.*  
  
*Photographers may restage events afterwards.*