



## **VICTORY FAMILY OUTREACH MINISTRIES, INC.**

### **BAPTISM MINISTRY PARENTAL PERMISSION FORM**

Please complete this form to receive permission for minors to be baptized at Victory Family Outreach Ministries.

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in the above event sponsored by Victory Family Outreach Ministries (VFOM) to be conducted at New Life Anointed Ministries International located at 14045 Jefferson Davis Hwy. I will not hold VFOM responsible for any accidents or injuries that my child may incur while in the care of VFOM.

I do grant permission for the above name child to receive emergency medical care if I cannot be reached.

\_\_\_\_\_  
Minor Participant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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#### **Official Authorizing Signatures**

\_\_\_\_\_  
John Reid, Senior Pastor

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Lacy Ingram, Administrative Elder