



BOBBY JINDAL, Governor

MARY L. LIVERS, Ph.D., MSW, Deputy Secretary

# Office of Juvenile Justice

B.8.4 (d)

## BAPTISM PERMISSION FORM

**(Insert Date)**

TO WHOM IT MAY CONCERN:

I am **(Insert Parent/Guardian First and Last Name)**, the parent/guardian of youth **(Insert Youth's Full Name)**, Client ID# **(Insert Youth's Client ID #)**. **(Insert Youth's First Name)** is currently a resident at: **(Please Circle Below)**

- Bridge City Center for Youth (BCCY)
- Swanson Center for Youth (SCY)
- Swanson Center for Youth at Columbia (SCYC)

I hereby give permission for a licensed and ordained individual to baptize **(Insert Youth's First Name)** while he is residing at the above facility.

\_\_\_\_\_  
Youth's Printed Name

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

***(Signature of parent/guardian needed if the youth is under the age of 18)***

July 2015