

BAPTISMAL CANDIDATE

Preferred Date of Baptism: _____ Service Time: ___ 8:00am ___ 10:30am

Second Option Date of Baptism: _____ Service Time: ___ 8:00am ___ 10:30am

Baptismal Candidate's Name: _____

Address: _____ City: _____ State/Zip _____

DOB: _____ M or F Home Phone: _____ Cell: _____

eMail: _____ @ _____ .com | .org | .net

Place of Birth: City _____ State _____

Parent's Names (if candidate is a child): _____

Members or Associate Members at Lord of Life? ___ YES ___ NO ___ Interested

Sponsors: _____ Address: _____

Sponsors: _____ Address: _____



Lord of Life
Lutheran Church

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