

**LORD OF LIFE LUTHERAN CHURCH
BAPTISMAL CANDIDATE FORM**

FULL NAME OF PERSON BEING BAPTIZED

DATE OF BIRTH _____ PLACE OF BIRTH _____

PARENT(S) FIRST AND LAST NAME

FIRST AND LAST NAME OF SIBLING(S) OF PERSON BEING BAPTIZED

MAILING ADDRESS

EMAIL ADDRESS _____

PHONE NO. _____ DATE DESIRED TO BE SCHEDULED _____

SPONSORS(GOD PARENTS)

NUMBER OF SEATS TO RESERVE FOR ANTICIPATED FAMILY AND FRIENDS ATTENDING
WORSHIP TO CELEBRATE BAPTISM _____