



BAPTISMAL CANDIDATE

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

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

(Summer Service Times – June, July & August - are Saturdays @ 4:00 pm/ Sundays @ 10:30 am)

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: _____
