

Ascension Lutheran Church

Baptism Information Form

Full Name of Person to be baptized _____

Child _____ Adult _____

Date of Birth _____ Place of Birth _____

Date of Baptism _____

Would the baptized like to become a member upon baptism? _____

Name of Parents (Please include Mother's Maiden Name)

Is the father a member of Ascension? _____

Is the mother a member of Ascension? _____

Address _____

Phone Number _____

Name of Sponsor _____

Name of Sponsor _____