



**ASCENSION
LUTHERAN
CHURCH**

INVITE ■ GROW ■ SERVE

Adult Baptism Worksheet

Date of Baptism: _____ **Service:** _____

Name of Person to be Baptized _____

Male _____ Female _____ Church Member: Yes _____ No _____

Date of Birth: _____ City & State of Birth: _____

Home Address: _____

Home Telephone: _____ Email: _____

Cell Phone _____ Cell Phone _____

Sponsors *(If Applicable):* (Are the sponsors married? Yes ___ NO ___)

Name _____ Name _____

Name _____ Name _____

Pastor Officiating: _____

Notes: _____

Baptism coordinator: Mara Hassenbein

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