



WATER BAPTISM

MY INFORMATION

DATE _____

NAME _____ Date of Birth _____

ADDRESS _____

CITY.STATE.ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

MALE FEMALE

HAVE YOU ACCEPTED JESUS CHRIST AS YOUR PERSONAL SAVIOR: _____

BRIEF TESTIMONY ABOUT YOUR ACCEPTING CHRIST AND YOUR RELATIONSHIP WITH HIM:

IN YOUR WORDS WHAT IS THE IMPORTANCE OF WATER BAPTISM:

DO YOU HAVE ANY SPECIAL NEEDS WE NEED TO BE AWARE OF?
