

APPLICATION FOR BAPTISM

Please print neatly in ink, or type. Please return completed application to the church office.

Male Sin			Today's Date:
Name:	1	Last	_ Birthdate:
Address:			
City, State, Zip:			
Home Phone:		Work Phone: _	
E-mail:	C	Cell Phone:	
Are you a member or regular attendee of Grace	· Communi	ty Church of LB?	Yes No
If not, where do you regularly attend church? _			
Are you absolutely certain of your salvation?	Yes	No	
Have you read the article on baptism?	Yes	No	
1. What is a Christian?			
2. Who is Jesus Christ?			
3. Why do you need Christ?			
4. What are Christians saved from?			
5. Have you been baptized before? (If yes, plea	nse explain	the need to be ba	ptized again.)
6. What is the purpose of baptism?			
7 Do you have any physical disabilities?			

Reviewer's signature:	Scheduled Date for Baptism:
Reviewer's Comments:	
Describe the ways you cultivate your walk with God: _	
Describe your life since you have come to Christ.	
Tell the biblical truths you understood and the circumst	ances surrounding your conversion:
Give a orier description of your life octore survation.	
of your baptism. It should be no longer than three minu Give a brief description of your life before salvation:	