



APPLICATION FOR BAPTISM ADULT

Information on Applicant		
Legal name:		
First	Middle	Last
Address:		Phone:
Email:		
City:	State:	Zip:
Place of birth (City, State):	Sex: M F	Date of birth:

You MUST meet with one of the pastors BEFORE the baptism is approved. It is YOUR responsibility to call the church office and set up an appointment to meet with one of the pastors. At this time we will discuss with you the meaning of baptism and the solemn vows that you take on this joyous occasion.

Your signature:	Date:
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What **date** and **service** are you requesting? Date _____ Service _____

(Note: If joining the church at the same time, the date will be predetermined—just choose the service.)

For Office Use Only		
Date approved by Session:	Baptism date:	Service time:
Approved by Pastor: _____		Date: _____
Baptized by Pastor: _____		