|  |  |
| --- | --- |
| God’s Love Ministries Church P.O. Box 2683  Stafford, Virginia, 22555 | [202-904-6407] |
| Baptism FormBaptismal Candidate Information |  |
|  | Date |
|  |  |
| Name (Last, first, middle initial) | Age of Baptismal Candidate |
|  |  |
| Street address, City, ST, ZIP Code |  |
|  |  |
| Primary phone number | Other phone number | Email address |

**Type of Request:**

|  |  |
| --- | --- |
| * Baptism | * Rededication to Jesus |
| * Confidential communication | * Salvation Prayer |

Please describe your Church affiliation, and whether you have been baptized before or not, **in detail**.

[Note: This is a Baptismal request form, please list if you are receiving medical services for seizures, paralysis, or muscle-control abnormalities, or any other medical information you feel we should know.]

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Please list all Baptismal candidate members that you wish to receive Baptism:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Age and Date of Birth |
|  |  |  |
| Name |  | Age and Date of Birth |
|  |  |  |
| Candidate or Parent Signature |  | Date Signed |
| **For Church Staff Use Only:** |  |  |
|  |  | Date received |
| Action taken |  |  |
|  |  | Date |
| Action taken |  |  |
|  |  | Date |
|  |  |  |
| Privacy Official signature |  | Date |

Attach additional documentation, if applicable.