



Application Request Form

Applicant Full Name:

Address: _____

City: _____ State: _____ Zip: _____

Email: _____@_____.com

Cell Phone: (____) _____ - _____

Date of Birth: ____/____/____

Check the appropriate box below for the request you are seeking

- BAPTISM** First Baptism _____ Re-Baptism _____
- BABY DEDICATION** Age of Child _____
- SPIRITUAL DECISION** First Decision _____ Rededicate _____

Questionnaire: Please answer the following for *Baptism:

1. ****Have you confessed all your sins and asked the Lord to forgive you?** Yes No
2. ****Have you accepted Jesus as your personal Saviour?** Yes No
3. ****Do you believe with your whole heart, you have been forgiven?** Yes No
4. ****Do you believe that Baptism in water should follow conversion?** Yes No
5. ****Can you testify you are TRULY a born- again believer in Jesus Christ?** Yes No

**Baptism symbolises a burial of the old life and being raised up in the new life with Christ Jesus, as explained in Romans 6:1-6.*

Furthermore, baptism is a confession of complete change and forsaking the old sinful life, of total surrender to and acceptance of a new life in and through Christ, as it is written in Galatians 2:20.

****I declare that I have completed the application form thoroughly. I understand every question asked.**

All of the given answers is correct and true to the best of my knowledge.

If it has been found that my answers were not given honestly, it could result in denial of my application.

Applicant's Signature

Ministry Leader's Signature

Application Date

Application Approved or Denied

Date