

BAPTISMAL FORM

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Today's Date: _____

Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Marital Status: ___Married ___Single ___Divorced ___Separated ___Widowed ___Under 18

I attend Church of All Nations: Yes No Since: ____/____/____ Date of Birth: ____/____/____ Sex: M/F

Statement: *Please explain what Jesus Christ means to you on the back of this card.*

FOR OFFICE USE ONLY

(Name of Pastor Officiating Baptism) Date of Baptism: _____

Certificate Mailed: Yes No Date: _____ ACS Entry: Yes No Date: _____