|  |  |
| --- | --- |
| codm new.jpg **Baptism Form** |  |

# Member's Information

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Town | County | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Alternate Phone: |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date: |  | Marital Status: |  |

If Married, please complete this section.

|  |  |
| --- | --- |
| Spouse’s Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Spouse’s Membership Number: |  | Spouse’s Work Phone: |  |

## Baptism Questions

Briefly, state how and when you accepted Jesus Christ as your savior.

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|  |

Have you been baptised before (since becoming a Christian)? □ Yes □ No

Why do you want to get baptised?

|  |
| --- |
|  |

How long have you been attending Center of Destiny Ministries Church?

|  |
| --- |
|  |

Schedule your baptism -

□ I am ready to schedule my baptism (We will contact you with the next available date)

□ I need to speak to someone before I schedule my baptism