

# Baptism Registration Form

Name: \_\_\_\_\_  
(Please print your name as you would like it to appear on your certificate of baptism)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email: \_\_\_\_\_

Age (if under 18): \_\_\_\_\_

Name of sponsor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please write a paragraph or two describing how and when you trusted Christ for your salvation and how Christ has made a difference in your life.

Please indicate which pastor you would like to assist in your baptism:

Eric Weaver \_\_\_\_\_ John Allison \_\_\_\_\_

Melody Burri \_\_\_\_\_ Jon Stephens \_\_\_\_\_

Erin Stephens \_\_\_\_\_ No preference \_\_\_\_\_

During which service would you like to be baptized? *(please fill in date)*

Saturday, \_\_\_\_\_ 6:00 PM \_\_\_\_\_

Sunday, \_\_\_\_\_ 10:00 AM \_\_\_\_\_

Sunday, \_\_\_\_\_ 10:45 AM \_\_\_\_\_

Please return this form to Melody Burri or the church office 2 weeks before baptism date.