

GRAHAM CHURCH

BAPTISM APPLICATION



APPLICANT INFORMATION

First & Last Name:		Birthdate:
Email Address:		Phone:
Street Address:		
City:	State:	ZIP Code:

PERSONAL TESTIMONY (IF YOU NEED MORE SPACE YOU CAN CONTINUE WRITING ON THE BACK OF THE FORM)

Have you trusted in Christ alone for the forgiveness of your sins and decided to follow Jesus? YES NO Unsure

If so, please briefly describe when and/or how you became a Christian (you may use the Baptism Testimony Worksheet).

Why do you want to be baptized?

FORM SUBMISSION

Please return completed forms by email to info@grahamcc.org or submit to a church elder.