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*...Located in the **HEART** of Carolina Forest!*

ADULT BAPTISM REQUEST FORM

Date Submitted _____

Full Name _____

Preferred Name _____

Address _____

Email _____

Home Phone _____ Cell _____

Date of Birth _____

Preferred date(s) for scheduling Baptism _____

Date of Baptism _____

Place of Baptism _____

Officiating Minister _____

Date of Request _____

Session Action _____ Date _____