

Believer's Baptism Application

Name: _____ **Phone Number:** _____

Address: _____

Your age _____ **Any physical limitations to baptism?** _____

Church membership _____

Briefly - what is the story of your salvation experience?

What do you understand "Believer's Baptism" to be?

Why would you like to be baptized at this time?

Have you been baptized before? If yes, what were the circumstances?