

PALOS VERDES BAPTIST CHURCH

BAPTISM APPLICATION

Please print or type:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Full Name:		Occupation:		
Address:				
Phone: (H)	(W)	(Other)	(email)	
Date of Birth:	Place: (City)		(State/Country)	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Remarried				
Spouse:		Place and Date of Marriage:		
Spouse baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of baptism:	
Supportive of your baptism?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reasons:	
Children (and birthdates):				
Children baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Names and Dates:	
Previous church/religious background:				
Attending PVBC since:				
Reasons you came to PVBC:				
Currently involved at PVBC in:				
Would be interested in helping at PVBC in:				
How can PVBC best help you grow?				
Reasons for being baptized:				
Who is Jesus Christ to you?				
If you were to die today, what would happen to you and why?				
Describe briefly your life <u>before</u> you trusted Christ:				
Describe briefly <u>how</u> you came to Christ:				
Describe briefly your life <u>after</u> you trusted Christ (changes He has made, etc.):				
After baptism, would you like to apply for membership in PVBC?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Person to pray for you at baptism:		Reason:		

Signature:

Date:

If minor, parent's signature:

OFFICE USE: (2.0-050510)

Date of Baptism:

Signature:

Comments:

PALOS VERDES BAPTIST CHURCH 28 Moccasin Lane, Rolling Hills Estates, CA 90274, (310) 541-1811