

Rev. 01/11/11

CENTRAL ASSEMBLY OF GOD CHURCH (Form CL4)
155 McGovern Road • Houston PA 15342
Tel (724) 746-4900 • Fax (724) 746-0922

WATER BAPTISM APPLICATION

Instructions: Please carefully print all information, completing the form in full. The information below will be used to complete your Certificate of Baptism.

BAPTISM CANDIDATE INFORMATION

Candidate's Full Name _____

Address _____

City/State/Zip Code _____ Phone ____ - ____ - ____

Birthdate: _____ Age _____ Gender: male female (please circle)
(Month/Day/Year)

Place of Birth (City) _____ (State) _____ Today's Date _____

Please indicate by circling which service you prefer: **9:00am** **11:00am**

Do you attend Central Assembly of God Church? Yes No (please circle)

If no, what church do you attend? _____

Previously Water Baptized: _____ **[Month & Year]**

Name of Church: _____

PARENT INFORMATION (Complete only if above candidate is under 18 years of age)

Mother's Full Name _____ Phone _____

Father's Full Name _____ Phone _____

Please return completed application to the church office. Thank you.

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

Approved. Date of Approval _____ By _____

Scheduled Date of Baptism _____ 9:00 a.m. or 11:00 a.m. Service

Change To _____ Reason _____