Woodbrook Pentecostal Church

53 Gallus Street, Woodbrook

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APPLICATION FOR WATER BAPTISM

(PLEASE ATTACH A PASSPORT-SIZED PICTURE)

NAME: _____
(BLOCK LETTERS)

ADDRESS: _____

_____

TELEPHONE: _____ _____ _____
HOME WORK MOBILE

EMAIL CONTACT: _____

GENDER: ☐ MALE ☐ FEMALE

DATE OF BIRTH: _____
DAY MONTH YEAR

OCCUPATION: _____

WORK ADDRESS: _____

_____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED

RELIGION BEFORE CONVERSION

1. Have you initially repented of your position as a sinner? ☐ YES ☐ NO
2. Have you received Christ as your Saviour? ☐ YES ☐ NO
3. Is it your intention to be a committed member of the body of Christ at the Woodbrook Pentecostal Church? ☐ YES ☐ NO
4. Why? _____
5. Have you attended Converts Classes? ☐ YES ☐ NO If yes, for how long. _____
6. Do you understand the true meaning of water baptism? ☐ YES ☐ NO

PRIVATE AND CONFIDENTIAL (*For Pastor Only*)

7. Have you been on drugs ☐ Cigarette ☐ Alcohol ☐

   Other_____ Other _____ Other _____

8. Are you still having a drug problem? ☐ YES ☐ NO If yes, explain_____ __
   _____
9. Have you had any unnatural sexual behaviour?

   H_____ L _____ B_____

10. Having received Christ as my personal Saviour, I hereby apply for water baptism according to Acts 2:38; Romans 6:3-4

Signature of Applicant_____

Witness _____

Pastor _____