

EAST JORDAN COMMUNITY CHURCH
Baptismal Certificate Application
(Please print clearly)

Name _____
(first) (middle) (last)

ADDRESS _____
(street number and name or PO Box, apartment number, etc)

(city) (state) (zipcode)

PHONE NUMBER _____ **BIRTHDATE** _____
(month) (date) (year)

WHY DO YOU WANT TO BE BAPTIZED?

Baptism date (office use) _____