

780 N Fairfield Road, Beavercreek, OH 45434 contact@gccbeavercreek.org 937.306.8566

BAPTISM APPLICATION

Please print in black or blue ink. Note: membership application is a pre-requisite.

GENERAL INFORMATION							
Full Name							
i un Name	Last	First		М.І.	Title		
Address:							
	Street Address				Apartment/Unit #		
	City		State		ZIP Code		
Phone:		Email:					
Why do yo	ou desire to be baptized?						
					-		
What is th	e significance of baptism?						

Do you have parental consent for application to membership (if under 18)?		NO □					
Parent's signature of consent (if applicable):							
Signature of applicant:	Date:	1	1				
OFFICE USE ONLY							
Elder(s) conducting interview:							
Comments:							
Date received into membership: / /							
Elder assigned for discipleship care:							