

Lifepoint Church Baptism Registration

Date: _____

Circle all that apply:

Male Female Married Single Student Child

Full Name (First, Middle, Last): _____

Address: _____

City: _____ Zip Code: _____

Home Phone: () _____

Cell Phone: () _____

Email Address: _____

Date of Birth: ____/____/____ MM / DD / YYYY

Have you made a commitment to accept Jesus as your personal Savior?

Briefly describe your salvation experience, when, where, etc:

Is there a particular pastor that you would like to baptize you? Circle one: YES
NO

If YES, which pastor would you like to baptize you? _____