

STUDENT BAPTISM APPLICATION

Shadow Mountain Community Church

PLEASE PRINT

Name: _____
 First Middle Last

Parents Name(s): _____

Address: _____

City: _____ Zip: _____

Parent's E-mail: _____

Home Phone: (____) _____ Date of Birth: ____/____/____

Christian Faith:

I received Christ as my Savior: Date ____/____/____ Age ____

Where were you? _____

Give a brief statement on how you became a Christian (Continue on backside of this application)

Baptism:

I have been baptized? _____ When? _____ Where? _____

I wish to be baptized because?

Church Membership

I understand that at the age of 18 I can become an active member of Shadow Mountain Community Church by completing the membership course provided. My record of baptism will be kept on file with my current information if needed in the future which fulfills one of the three requirements for membership. I understand that the three requirements for membership are: salvation, baptism, and completion of the membership course.

Parent Signature: _____ Student Signature: _____

High School Pastor: _____

