

Baptism Application Form
EastRidge Evangelical Missionary Church

Name	Birthday	(mm-dd-yy)
Address		
Home Number	Work Number	Cell Number
Email:		

1. When did you start attending EastRidge
2. Why do you feel now is the time to be baptized?

3. Do you remember time and place you accepted Christ? Yes No Generally
If yes or generally, when?
4. Write a brief testimony of how you came to know Christ and decided to follow Him.

Requirements for Baptism

- You must satisfy Elders Pastoral Team that you have an active faith and understand what baptism involves.
- Attend three Baptism classes (membership class is encouraged)
- Willing to give a public testimony to reality of Christ in your life at the baptism.

Signature: _____

Date:

<i>Office use only</i>	
Recommended by the baptism class teacher	
Signature: _____	Date:
Approved by the EPT	Date: