CALVARY THE ROCK

A CALVARY CHAPEL FELLOWSHIP

Baptism Application

Print Name:	Age:
As you would like it to	Age: to appear on a certificate.
Email:	Phone:
Please answer the following; you	may use the back of this form if you need more space.
- Your Testimony Please state briefly when and how	v you accepted Christ as your Savior.
- Your Understanding of Baptisi Please state briefly your reason fo	
- Your Church History How long have you attended The in the past, and for how long?	Rock? What church(es), if any, have you belonged to
receiving a new life through Ch	ion and symbolizes a death to our old life and our rist (2 Corinthians 5:17). Although everyone who is nature, new life in Christ should be seen in our daily of a new life in Christ?

Please submit this form to the church office and someone will contact you. If you have further questions please email info@calvarytherock.org.