Application for Baptism

Please print neatly in ink, or type.

Grace Community Church • 256-722-5929 Phone • 4554 Research Park Blvd., Huntsville, AL 35806

☐ Mr. ☐ Mrs. ☐ Miss Today's Date: _____

Name: _____ Birthdate: _____
First Middle Last

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Are you a regular attendee of Grace Community Church?	☐ Yes	☐ No
Are you willing to become a member of Grace Community Church?	☐ Yes	☐ No
Do you understand the meaning/significance of baptism?	☐ Yes	☐ No
Is it possible for a person to lose salvation?	☐ Yes	☐ No
Have you been a sinner since birth?	☐ Yes	☐ No
Are you absolutely certain of your salvation?	☐ Yes	☐ No

1. Suppose you were to die tonight and stand before God. If He were to say to you, "Why should I let you into my Heaven?" What would you say? _____

2. What is a Christian? _____

3. Who is Jesus Christ? _____

4. Why do you need Christ? _____

5. What are Christians saved from? _____

6. Have you ever been baptized before? (If yes, please explain why you need to be baptized again.) _____

Personal Testimony - space is provided on the back of this sheet to write your personal testimony of salvation to be presented at the time of your baptism.

Personal Testimony of Salvation

Please return completed application to an Elder.