

# AGAPE CHRISTIAN CENTER REQUEST FOR BAPTISM

Today's Date: \_\_\_\_\_

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Last Name	First Name	Middle Initial
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I am a member of Agape Christian Center  
 I am **NOT** a member of Agape Christian Center

I have accepted Jesus Christ as my Lord and Savior?     Yes     No

If you are NOT a member of Agape Christian Center, please complete the following information.

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Street Address

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City	State	Zip Code
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Home Phone

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Mobile Phone

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E-Mail Address

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Date of Birth

Male     Female     Single     Married     Widow(er)

***For Office Use Only:***

Scheduled Baptism Date: \_\_\_\_\_

Did this person get baptized on scheduled date:  Yes     No

Entered in system on: \_\_\_\_\_ By: \_\_\_\_\_