

# APPLICATION FOR WATER BAPTISM

(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member or regular attender of JCC? \_\_\_\_\_

Signature: \_\_\_\_\_

(parent signature if 18 years or younger)

## Written Testimony:

How and when did you come to know the Lord Jesus Christ as your personal Savior?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

