Mosaic Community Covenant Church

BAPTISMAL APPLICATION FORM

Name: _____ **Email:** _____

Street Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Birthday: _____ **Spiritual Birthday:** _____

Write a brief testimony (three paragraphs) on: 1) what was your life like before Christ; 2) how you came to trust Christ; 3) how has your life changed as a result of knowing Christ.

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Signature Date