

AGAPE COMMUNITY CHURCH

APPEND
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APPLICATION FOR WATER BAPTISM

NAME: _____
(FULL NAME IN BLOCK LETTERS ACCORDING TO NRIC)

ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

NRIC #: _____ OCCUPATION: _____

TELEPHONE NO.: _____ (HSE) _____ (OFF)

MARITAL STATUS: SINGLE / MARRIED / WIDOW / WIDOWER

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

ACTIVE EMAIL ADDRESS: _____

PLEASE TICK

1. Do you believe that Jesus is the Son of God and that He died on the cross for you and was raised from the dead?
2. Have you confessed your sins to Jesus and trusted Him to forgive you and be your Lord and Saviour?
3. When and where were you saved? _____

YES NO

YES NO

4. Have you been baptized before?
If yes, how? _____ When? _____
Where? _____ (Name of church / town)

YES NO

YES NO

5. Have you been filled with the Holy Spirit according to Acts 2:4?
If yes, when? _____ Where? _____
6. How long have you been attending Agape [Community Church](#)?

7. Do you seek to take membership in Agape [Community Church](#)?

YES NO

8. Are you a member of a Church?
If yes, name of Church: _____
For how long? _____

YES NO

WITH THIS APPLICATION, PLEASE WRITE A TESTIMONY OF YOUR SALVATION (on the page behind) IN NOT MORE THAN 100 WORDS AND ENCLOSE A PASSPORT SIZE COLOURED PHOTOGRAPH

*UPON THE CONFESSION OF MY FAITH IN CHRIST, I NOW APPLY FOR WATER BAPTISM IN [AGAPE COMMUNITY CHURCH](#).

DATE OF APPLICATION

SIGNATURE OF GUARDIAN
(for applicants below age 18)

SIGNATURE OF APPLICANT

