



Baptism/Profession by Faith Church Membership Form

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Male _____ Female _____
month/day/year

Select one: Married _____ Single _____ Divorced _____

Date of Baptism _____ Baptized by (name of Pastor) _____

Date of Profession by Faith _____ Accepted by (name of Pastor) _____

Place of Baptism/Profession by Faith _____

Child: Grade _____ School Name _____

Please include all the members of the family that live in the same household and indicate if they are church members:

Name	Baptized Member?	Date of Birth	Grade
------	------------------	---------------	-------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of the church this individual is becoming a member of _____

Church Clerk signature _____