

LCCC Baptism Application Form

Name: _____ Gender: _____

Address: _____ Email: _____

Tele: () _____ DOB: / / _____

Please write down your initial in the space to indicate it is true

1 _____ I believe and accept Jesus Christ as my Savior.

2 _____ I am willing to be baptized by Holy God, Son, and Spirit. My date of baptism: _____

3 _____ I am willing to tell my testimony in public. (My testimony attached).

Please fill in the blanks with the names of your supervisor and your mentor

1. _____ (Name) has gone through the baptismal lesson with me.

2. I would like to have _____ (Name) to be my mentor.

Applicant signature: _____ Date: _____

Elder's signature: _____ Date: _____

