



Email to TrueCare@TrueGospelCC.com

Water Baptism Registration - Please Print Clearly

Personal Information

Name of person to be baptized _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone(____) _____

E-mail Address _____

Are you a member of TGCC: Yes No Age: _____ Sex: Male Female

Parents of an under aged candidate must confirm that he/she is aware of the understanding of baptism and salvation. Please initial: _____

Parent's name (if candidate is under 18) _____

Please Respond To The Following Questions:

1. How long have you been attending TGCC services? Select only one)

Less than 12 months

3-5 years

1-2 years

More than 5 years

2. Explain why you want to be water baptized:

3. What is the spiritual significance of water baptism?

4. Approximately how long ago did you receive Jesus Christ as the one and only forgiver and leader of your life? (Select one)

Less than 12 months

3-5 years

1-2 years

More than 5 years

5. Please list any medical conditions (Select all that apply):

Pregnant

Other: _____

High Blood Pressure

Diabetes