

WATER BAPTISM APPLICATION
CHURCH OF GOD IN CHRIST
COMMONWEALTH OF PENNSYLVANIA JURISDICTION

HOLY TEMPLE CHURCH OF GOD IN CHRIST

PLEASE TYPE OR PRINT CLEARLY

Name of Candidate _____

Married _____ Single _____ Maiden Name _____

Date of Birth _____ 19 _____

Address _____ City _____ State _____ Zip _____

Telephone # () _____

Member of Church:

Name _____

Address _____ City _____ State _____ Zip _____

Baptized on _____ 19 _____

At (Name & Address of Church):

Pastor _____

Assisting _____

State Bishop _____

Date of Certificate _____ 19 _____