

ALDERSHOT NEW TESTAMENT CHURCH OF GOD

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BAPTISM REQUEST FORM	
DATE OF BAPTISM:	
NAME(in full): i.e. JANE BLOGGS	
ADDRESS:	
TELEPHONE NO.(s)	HOME: Mobile:
DATE OF BIRTH:	
HAVE YOU EVER BEEN BAPTISED BEFORE? IF YES, WHERE (WHICH CHURCH) AND WHICH YEAR?	
HAVE YOU BEEN A MEMBER OF ANOTHER CHURCH? IF YES, WHICH ONE?	

SIGNED: _____ **DATED:** _____

FOR OFFICE USE ONLY

RECEIVED BY: _____ **DATE OF RECEIPT:** _____