

Rev. 01/11/11

CENTRAL ASSEMBLY OF GOD CHURCH  
155 McGovern Road • Houston PA 15342  
Tel (724) 746-4900 • Fax (724) 746-0922

(Form CL4)

### **WATER BAPTISM APPLICATION**

Instructions: Please carefully print all information, completing the form in full. The information below will be used to complete your Certificate of Baptism.

#### **BAPTISM CANDIDATE INFORMATION**

Candidate's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Gender: male female (please circle)  
(Month/Day/Year)

Place of Birth (City) \_\_\_\_\_ (State) \_\_\_\_\_ Today's Date \_\_\_\_\_

Please indicate by circling which service you prefer: **9:00am** **11:00am**

Do you attend Central Assembly of God Church? Yes No (please circle)

If no, what church do you attend? \_\_\_\_\_

**Previously Water Baptized:** \_\_\_\_\_ **[Month & Year]**

**Name of Church:** \_\_\_\_\_

#### **PARENT INFORMATION (Complete only if above candidate is under 18 years of age)**

Mother's Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Phone \_\_\_\_\_

*Please return completed application to the church office. Thank you.*

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#### **DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.**

☐ Approved. Date of Approval \_\_\_\_\_ By \_\_\_\_\_

Scheduled Date of Baptism \_\_\_\_\_ 9:00 a.m. or 11:00 a.m. Service

Change To \_\_\_\_\_ Reason \_\_\_\_\_