FIRST EVANGELICAL COMMUNITY CHURCH
CERRITOS CAMPUS

BAPTISM REGISTRATION FORM

NAME: (ENGLISH)_____(CHINESE)_____

BIRTHDAY: _____Year_____Month_____Day

ADDRESS: _____
Street No. Street name Apt. No.

_____
City State Zip Code

TELEPHONE: Home (_____)_____ Work (_____)_____

EMAIL ADDRESS: _____

How long have you been in this church? _____Year(s) _____Month(s)

Why do you want to be baptized?

_____

_____

Please explain how a person becomes a Christian.

_____

Please describe your own conversion experience.

_____

_____

Please describe any church service and activities such as worship, Sunday school, fellowship etc. which you have been involved with, and the period of duration for which it is applicable.

_____

_____

What goals have you set for yourself as a Christian?

_____

_____

(Revised 02/05/2013)