

# APPLICATION FOR BAPTISM

Please complete this information form and return it to Peter Foxwell or send the information by email: peterfoxwell@gmail.com.

**Your Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Cell phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**How long have you been part of the Cornerstone?** \_\_\_\_\_

**Describe your faith in Jesus.** Who is Jesus and what has he done for your salvation?

**Why do you want to be baptized?**

I have read and understood "Baptism at the Cornerstone" and I am ready to make the baptismal promises:

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_