



APPLICATION FOR Baptism

(To be filled out and given to pastoral staff)

Today's Date: _____

Name (circle one) Mr. /Mrs. Miss (please print) _____

Address _____ City _____ Zip _____

Phone (H) _____ (W) _____ Birth Date _____

Check Yes or No for the following questions:

- Are you a regular attendee of Crossway Church? Yes No
- Are you willing to become a member of Crossway Church? Yes No If no, please explain on back
- Have you read the Crossway brochures explaining baptism?
~"Believer's Water Baptism" Yes No
- Do you understand the meaning/significance of baptism? Yes No
- Is it possible for a person to lose salvation? Yes No
- Have you been a sinner since birth? Yes No
- Are you absolutely certain of your salvation? Yes No

1. Suppose you were to die tonight and stand before God. If He were to say to you, "Why should I let you into my Heaven?" What would you say? _____

2. What is a Christian? _____

3. Who is Jesus Christ? _____

4. Why do you need Christ? _____

5. What are Christians saved from? _____

6. Have you ever been baptized before? (If yes, please explain why you need to be baptized again) _____

Personal Testimony – Space is provided on the back of this sheet to write your personal testimony of salvation to be presented at the time of your baptism. Consult "Help for Writing Your Testimony." Also, please feel free to ask for help from the pastoral staff.

