



PROFESSION OF FAITH IN CHRIST

Please fill out this form and mail or bring it to the church office or hand it to a pastor

NAME

First, Middle, Last

BIRTH DATE

Month, Day, Year

ADDRESS

Street or PO Box, City, State, Zip

PHONE

Home

Work

Cell

EMAIL

HAVE YOU BEEN BAPTIZED?

**WHERE WAS YOUR LAST KNOWN
CHURCH MEMBERSHIP?**

WHAT MINISTRIES WOULD YOU LIKE TO SERVE IN?

OTHER INFORMATION