

Last Name: _____ First Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Birth Date: _____ Today's Date: _____

Email Address: _____

- Are you a Born-Again Christian? Yes No
- Are you a member of Word of Life? Yes No
If not, what church have you been attending? _____
- Are you willing to attend a class on water baptism? Yes No
- Do you have special needs? Yes No
If yes, please explain: _____

You will be notified of the class date and the date of the water baptism. Should you have any questions, please feel free to call the church office between 9:00 a.m.-4:30 p.m., Tuesday through Friday. Please return the completed form to the church office. Thank you.

854 Old Baltimore Pike * Newark, DE 19702 * (302) 453-1183 * (302) 453-1567 (fax)