

Faith Covenant Church

Believer's Baptism

Please complete both the application and faith story form and return them to the Care Office.

Adults, students and children are all asked to meet with a Pastor or Coordinator. Please call the Care Office to arrange a meeting (952-890-0602) as soon as possible. Children in 2-5th grade are asked to attend the Stepping Stones class before being baptized.

(First Name) (Middle Name) (Last) DOB

(Address) (City) (State) (Zip)

(Home Phone) (Cell Phone)

I would like to participate in Believer's baptism:

- I would like to be sprinkled
- I would like to be immersed

The next scheduled believer's baptism date is: _____

_____ Date: _____
(Signature of participant)

_____ Date: _____
(Signature of parent if child under 18)

FAITH STORY
(PLEASE PRINT ALL INFORMATION)

Date _____

(First Name) (Middle Name) (Last)

(Address) (City) (State) (Zip)

(Home Phone) (Cell Phone)

How long have you attended Faith Covenant Church? _____

Write a paragraph or two on how and when you came to follow Christ: