

Columbia *Life* Church  
Water Baptismal Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Accepted Jesus as savior? Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_