



# BAPTISM CANDIDATE FORM

FULL NAME:

DOB:

ADDRESS:

EMAIL:

PHONE:

PLEASE SHARE WHY YOU HAVE DECIDED TO BE BAPTISED:

EXPLAIN IN YOUR OWN WORDS WHAT BEING BAPTISED MEANS?:

DO YOU ATTEND THE NEW BELIEVERS CLASSES?:

DATE OF BAPTISM:

Send your completed form to: [admin@tpcf.org.uk](mailto:admin@tpcf.org.uk), or deliver in person to the address at the top of this page.