



Date of Baptism:
Interviewer:

■ Baptismal Candidate Information

Name	First Name	Last Name
Date of Birth	MM/DD/YY	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Other
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	Street/Apt#	City State Zip Code
Cell Phone #		
Email		
Spouse Name	First Name	Last Name
My Cell Group	Cell Leader's Name	

Please briefly describe how you have decided to make Jesus Christ as your Lord and Savior:

1. What does your old life look like before you come to Christ?
2. What factors went into your decision?
3. How would you describe your relationship with God right now?

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4. Have you attended other churches in the past? If yes, which church?

5. What areas of church ministry would you like to participate?

6. Please check the box that best describes you:

A. Are you a born-again Christian?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure	
B. Have you dealt with all your sins before God?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure, assistance needed
C. Do you understand the significance of baptism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
D. Are you willing to commit your life to Christ and be His disciple?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Will try my best
E. Are you willing to use the Bible as your life's guiding principle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Will try my best
F. Are there any family member(s) against your decision to become a Christian?	<input type="checkbox"/> None	<input type="checkbox"/> A Few	<input type="checkbox"/> Most of them
		<input type="checkbox"/> They don't know	
G. Will you commit to regularly attend cell group and Sunday Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
H. Have you developed a habit of daily devotion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unstable
I. Do you understand the meaning of tithing and be willing to practice it?	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure	

Please submit this form to the interviewer.