

Was baptized _____
Was not baptized _____

Baptism

Application for Baptism by Immersion:

Date: _____

Age: 20's 30's 40's 50's 60's+

Date of birth (if under 20): _____

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ / _____ Business Phone _____ / _____

Email Addresses: Home _____ Business _____

How long have you attended VCBC? _____ years _____ months

Have you been baptized before? _____ If so, where and when _____

Were you a believer in Christ at the time of baptism? _____

Were you baptized by immersion? _____

Have you completed a baptism class at VCBC? _____ If so, when? _____

Why do you want to be baptized? _____



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BAPTIST CHURCH

590 West Avon Rd | Avon, CT 06001 | 860.673.6826

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In signing this form, I give my permission for my photograph (if applicable) and my testimony to be published in the Valley Crier (parent please sign if child is under 18). I understand that editing my testimony, due to space limitations, may be necessary.

Applicant Signature _____ Date _____

Parent Signature _____ Date _____

Deacon Signature _____ Date _____

Deacon Signature _____ Date _____



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