

Adult Baptism Registration

Name			
Address			
Suburb			
Birth Date (dd/mm/yyyy)			
Email			
Home Phone			
Cell Phone			
We will be corresponding with you about your baptism and the date through email.			
Please state briefly how and when you accepted Jesus Christ as your Saviour.			
Have you been baptized before?	Y	N	If yes, Please explain:
Why do you want to get baptized?			
Please tell us how you first came to Southpoint Church.			
Please Select One	I feel ready for baptism.		I would like to speak with someone before I am ready for baptism.

Please return this form to the church office, or email to baptism@southpointchurch.co.za