

## Adult Baptism Registration

<b>Name</b>			
<b>Address</b>			
<b>Suburb</b>			
<b>Birth Date (dd/mm/yyyy)</b>			
<b>Email</b>			
<b>Home Phone</b>			
<b>Cell Phone</b>			
We will be corresponding with you about your baptism and the date through email.			
<b>Please state briefly how and when you accepted Jesus Christ as your Saviour.</b>			
<b>Have you been baptized before?</b>	Y	N	<b>If yes, Please explain:</b>
<b>Why do you want to get baptized?</b>			
<b>Please tell us how you first came to Southpoint Church.</b>			
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](mailto:baptism@southpointchurch.co.za)