



SHARON FELLOWSHIP CHURCH

'SHARON' THIRUVALLA, KERALA, INDIA.

REG. NO. A56/1975

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APPLICATION FOR BAPTISM

1. Name(In capital letters) :
2. Age & Date of Birth :
3. Present Address :

- Pin. No. :
4. Mobile No :
5. Permanent Address :

- Pin. No. :
6. Date & Year of Salvation :
7. Date of anointment by Holy Spirit : Receive Power and Be Witnesses
8. Region..... 9. Centre..... 10. Section.....
11. Local Church

I,(name).....son/daughter/wife of (name and address)

Convicted by the word of god that immersed baptism in the name of Father, Son and Holy Spirit is necessary and is a fundamental doctrine of the Holy Bible. Thus I wished to be baptised. I testify that there is no influence or compulsion from any person.

Place:

Date:

Name & Signature of the applicant

RECOMENDATION FROM THE PASTOR

According to my knowledge and conviction the above facts are true, and I recommend he/ she to be baptised.

Place:

Name:

Date:

Signature: