



MIRACLE TEMPLE MINISTRIES

Therefore, we are buried with Him by baptism into death, that just as Christ was raised up from the dead by the glory of the Father, even so we also should walk in newness of life. ~Romans 6:4

Application for Water Baptism

Thank you for your interest in Water Baptism here at Miracle Temple Ministries. Water baptism is an important part of being a disciple of Jesus Christ because:

- It is obedience to Christ's Great Commission: Matthew 28:19-20
- It follows the example of Jesus. Matthew 3:13-17
- It follows the example of the Early Church: Acts 2:38, Acts 8:46, Acts 9:18, Acts 10:46-48, Acts 16:32-33, Acts 19:4-5
- It confirms identification with Christ: Galatians 2:20
- It is a testimony of the change in your life: 2 Corinthians 5:17

Water Baptism is a public, outward declaration that reflects a personal, inward decision of faith. It is also an observable declaration that we have joined the body of Christ. Jesus commanded us to be baptized (Matt. 8:18-20; Mark 16:15); the early church practiced water baptism (Acts 2:38-41; 8:12-16; 9:18; 10: 47; 19:1-5) and continues to do so today. You have made a sound decision.

Please complete **all** fields listed below: If filling out manually **PLEASE PRINT** Clearly

Your Full Name:	
Date of Birth:	Phone#:
Full Mailing Address:	
Your Occupation:	I am Retired <input type="checkbox"/>
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	Are you a member of Miracle Temple Ministries? Yes <input type="checkbox"/> No <input type="checkbox"/>
How long since confessed Jesus Christ as your Saviour?) Date: _____ or _____ years / _____ months	Will you be available for Baptism classes? Yes <input type="checkbox"/> No <input type="checkbox"/>

In your own words, please share why you desire water baptism.

Date: _____ Sign: _____

***If applicant is under the age of 18, parent/guardian signature is required**

Signature of Parent/Guardian: _____

Please return completed application to the Administrative Representative/Office at miracltempleministriesca@hotmail.com.

FOR OFFICE USE ONLY	Name of Leader:
Date of Meeting:	Leader Recommendation: