

INTERNATIONAL BETHANY COMMUNITY CHURCH

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WATER BAPTISM FORM

NAME	:	
ADDRESS	:	
	CITY :	
	STATE:	ZIP CODE :
SEX	:	
DATE OF BIRTH	÷	
NAME OF FATHER	:	
NAME OF MOTHER	:	
DATE OF BAPTISM	:	
PLACE OF BAPTISM	:	
With this, I declare the		my own will and will attend the Class
Note: Please fill clearly Include 1 passport-siz Please bring new set of	·	
		Signature and name