

Child Baptism Application



centre street church

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**** Please note that you will be required to complete an Orientation prior to your baptism date. ****

Application for Baptism

Please return this completed application to the Pastor or Children's Ministry Staff person at your campus. They will ensure it is sent to our Baptism Department.

CONTACT INFORMATION *(Please print clearly)*

Name: _____ Date of Birth: (M)____(D)____(Y)_____

Name you would like on your certificate: _____

Address: _____

City: _____ Postal Code: _____

Grade: _____

Parent/Guardian Name(s): _____

✓ *Please check the best way in which you would like to be contacted:*

Phone: _____ Times available: morn aft eve

Email: _____

Do you currently attend Children's Ministries at CSC? YES NO

YOUR STORY

Use the following questions to share how God has been working in your life to bring you into a relationship with Jesus and to change your life.

1. How do you know that Jesus is in your life? How did you ask Jesus into your life?

2. Why do you want to be baptized?

3. Is there anything else you would like to share—perhaps a verse from the Bible that is especially meaningful to you, or someone you want to thank as you think about your journey with Jesus (group leader, ministry leader, friend)?

SPIRITUAL COMMITMENT

In baptism, God calls us out of darkness and into His marvelous light. To follow Jesus Christ means dying to our sin and being raised to new life with Him.

Therefore, I believe the following:

1. I believe that Jesus Christ is the Son of God, who died for our sins, was buried and was raised from the dead.
2. I have said that I am sorry for my sins and turned to Jesus Christ as my Savior, and have received forgiveness for all of my sins through His grace and power.
3. I have submitted myself fully to Jesus Christ as my Lord and Master and have given Him charge of my life.
4. I believe and profess the Christian faith as taught in the Bible.
5. I am determined, with God's help, to live without sinful attitudes and actions, and to grow in loving and serving God and others.

Signature of Child

Date

Would you like someone to help you understand the basics of the Christian faith and develop your relationship with Jesus? YES NO

Note: If you circle yes, someone will be in contact with you in order to help you connect with someone for this purpose.

BAPTISM PROCESS

Once we receive your application you will be contacted to decide the date, time and location of your baptism. To assist in this process please fill out the following:

- Date: _____
- Who would you like to perform your baptism? (state name and leadership role)

You may ask any leader at CSC, such as your small group leader, ministry leader, or one of the pastors to baptize you. If you don't have any preference, we will work to match you up with a CSC pastor or leader.

- Who else do you want to help baptize you?

Name: _____

- Where/how would you like to be baptized?

- Campus Name:
- Service Preference (time):
- Ministry Event (Community Group, Children's Ministry Event, etc.)
- Other Event (We can book the baptismal tank for you to gather with family & friends)
- Outdoor Baptism Event (River or Lake)

- **Baptism Orientation:** You will need to attend a Baptism Orientation with a Pastor or Children's Ministry Staff person (Child with a Parent or Guardian).

- I have already met with them and gone through the Orientation.
- I have NOT met with them yet to go through the Orientation.

Parent/ Guardian please sign below:

I give permission for Centre Street Church to make an audio, video, printed or photographic record of my child's baptism and to use those recordings in our services and publications to share their story.

Name of Child

Signature of Parent or Guardian

Date