# APPLICATION FOR BAPTISM

Please complete this information form and return it to Peter or send the information by text (810) 650-0144 or by email: peterfoxwell@gmail.com.

**Your Full Name:** _____

**Street Address:** _____ **Town:** _____

**Zip:** _____ **Cell phone: (_____) _____-_____**

**Email:** _____

**How long have you been part of the Cornerstone?** _____

**Describe your faith in Jesus.** Who is Jesus and what has he done for your salvation?

**Why do you want to be baptized?**

I have read and understood “Baptism at the Cornerstone,” and I am ready to make the baptismal promises:

**Signed** _____ **Date** _____