

Water Baptism Application

Instructions: Please submit your completed via email to sidt-inc@hotmail.com or application in person.

First Name: _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____ Phone Number _____

Parent/Guardian's Name (If Under 18 years) _____

Parent/Guardian's Phone Number _____

Address _____ City _____

State _____ Zip/Postal Code _____

Email _____

Emergency Contact Name _____ Phone _____

Have you received Jesus Christ as your personal Savior? (Are you saved?) _____

Are you a member of Staten Island Deliverance Temple? _____

If no, name of local church you attend. _____

Have you completed the SIDT Discipleship Class? _____

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____