

# Harvest

Evangelical Free Church

## BAPTISM APPLICATION

Harvest Evangelical Free Church, Story City, Iowa

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Date: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_

Briefly explain your understanding of the meaning of *believer's baptism*. \_\_\_\_\_

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Why do you desire to be baptized at Harvest at this time? \_\_\_\_\_

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If you have been baptized before, tell us when and under what circumstances. \_\_\_\_\_

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Please outline any physical concerns or restrictions about immersion baptism: \_\_\_\_\_

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Please give a brief account of your conversion experience. Use the back of this sheet as well.

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