



MORNING STAR
COMMUNITY CHRISTIAN CENTER

BAPTISM REQUEST FORM

Today's Date: ____/____/____

First _____ Middle _____ Last _____

Male Female Age: _____ Birthdate: ____/____/____

Address: _____

City, State, Zip _____

Home Phone: _____ Cell: _____

Email: _____

If applicant is a child, please complete parents' information

Father's Name _____ Mother's Name _____

Complete, scan and email to info@morningstarccc.org or complete and place in the mailbox for Administration (located on lower level near box office).