



Toronto Perth Seventh-day Adventist Church

Baptismal Candidate Information Form

Contact Information

Name: _____

Street Address: _____

City: _____ Postal Code: _____

Mobile: _____ Home: _____

Email(s): _____

Personal Information

As part of the Toronto Perth Church family, we would like to know more about you. Please feel free to add any information you wish to share with us.

Birthday: _____ Month: _____ Day: _____ Year: _____

Wedding: _____ Month: _____ Day: _____ Year: _____

Ministries you would like to be a part of (Circle all applicable or type "Y" for yes):

Youth _____ Women _____ Men _____ Family _____ Path-
finders _____ Hospi-
tality _____ Choir _____ Prayer _____

Audio/
Visual _____ Community
Services _____ Bible
Studies _____ Other(s): _____

My Spiritual Gifts are: _____

I would like information on: _____

For Use Office Only

Baptismal Date	
Received into Fellowship on	
Spiritual Guardian	
Recommended S.S. Class	

"Repent and be baptized, every one of you, in the name of Jesus Christ for the forgiveness of your sins. And you will receive the gift of the Holy Spirit." Acts 2:38