



HOUSE ON THE ROCK
home for all

Water Baptism Registration Form

BIO-DATA

Surname _____ First Name _____ Others _____

Gender: Male Female:

Age Group: 18-26years 27-45years 46-59years 60 Years and Above

Marital Status: Single: Married: Widow(er): Divorced:

Home Address: _____

Telephone Number(s): _____

Occupation/Profession: _____

Email: _____

Next Of Kin (Name) _____ Phone Number _____

Address _____

MORE INFORMATION

Are You Born Again? Yes No If Yes, Date Of Conversion ____/____/____

Have You Been Previously Baptized By Immersion? Yes No If Yes, At What Age? _____

Church Of Baptism: _____

How Long Have You Been In House On The Rock? _____

Have You Been Through Workers In Training Programme? Yes No

If Yes, Please Indicate Finding The Rock
 Spiritual Authority

Are You A Worker In HOTR? Yes No If Yes, What Department? _____

If No, State Any 3 Church Departments You Would Like To Serve In? _____

Any Medical Issue/Concern? Yes No

If Yes, Please state _____

Signature/Date

FOR OFFICIAL USE

Comment _____

Please return the completed form to the **Church Information Centre** or the **Missions Office**. Thank you.