



# CALVARY BAPTIST CHURCH

## NEW DISCIPLE FORM

Date: \_\_\_\_\_

Check one of the following:

- Candidate for Baptism
- Christian Experience
- Reinstating

Title:       Mr.     Ms.     Miss     Dr.

First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Contact Method     eMail     Text     Voice    Landline \_\_\_\_\_

eMail Address \_\_\_\_\_ Cell \_\_\_\_\_

Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_

Family Information     Single     Married     Widow     Other

Spouse \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**FOR OFFICE USE ONLY**

Status \_\_\_\_\_

Envelope # \_\_\_\_\_

Baptism Date \_\_\_\_\_

Membership Date \_\_\_\_\_

Transferred Membership To \_\_\_\_\_

Deceased \_\_\_\_\_

Left Church \_\_\_\_\_