



## Application for Water Baptism

Please Print

Date to be Baptized \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you come to know the Lord as your Savior. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



South County Church  
Mailing address: 9234 Lorton Valley Road, Lorton, VA 22079  
703/200-5170 ~ Fax 703/690-7784  
cindy@southcountycares.org ~ www.southcountycares.org