

Restoration of Life Ministries International

Overseer Anthony C. Bell, Sr.

Baptism Request

To ensure you receive your baptism certification, please complete the entire form.

Date of Baptism _____

Adult

Minor

Age of Minor: _____

(PLEASE PRINT LEGIBLY)

Candidate Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Candidate Signature _____

Parent/Guardian Signature (For Minor) _____

Acts 2:38 – “Then Peter said unto them, Repent, and be baptized every one of you in the name of Jesus for the remission of sins, and ye shall receive the gift of the Holy Ghost. “