SOUTH CARIBBEAN CONFERENCE OF SEVENTH-DAY ADVENTISTS				500111 0.	ARIBBEAN CONFEREN	CE OF DEVENTION	I MOVENIISIS
My Baptismal Pass				My Baptismal Pass			
THIS FORM MUST BE COMPLETED AND GIVEN TO THE CHURCH CLERK BEFORE BAPTISM.				This form must be completed and given to the Church Clerk before Bapt			
PERSONAL INFORMATION				PERSONAL INFORMATION			
NAME OF CHURCH				NAME OF CHURCH			
NAME				NAME			
Address				Address			
GENDER: MALE O FEMALE O AGE DATE OF BIRTH				GENDER: MALE O FEMALE O AGE DATE OF BIRTH			
PLACE OF BIRTH				PLACE OF BIRTH			
EMAIL ADDRESS		PHONE		Email Address		PHONE	
MARITAL ST	TATUS: Married ${f O}$	Single \mathbf{O}	Divorced O	MARITAL ST	ATUS: Married ${f O}$	Single \mathbf{O}	Divorced O
	RELIGIOUS	BACKGROUND			RELIGIOUS	BACKGROUND	
Please tick the appropriate box.			Please tick the appropriate box.				
R.C. O	Anglican ${\bf O}$	Pentecostal O	SDA O	R.C. O	Anglican ${\bf O}$	Pentecostal O	SDA O
Hindu O	Muslim O	Baptist \mathbf{O}	Other O	Hindu O	Muslim O	Baptist \mathbf{O}	Other O
If other, kindly state:				If other, kindly state:			
BAPTISMAL INFORMATION				BAPTISMAL INFORMATION			
Date of Baptism: (D/M/Y)				Date of Baptism: $(D/M/\gamma)$			
Place of Baptism				Place of Baptism			
Officiating Minister at Baptism				Officiating Minister at Baptism			
SDA Church Desired to Attend				SDA Church Desired to Attend			
<u>RE-BAPTISM</u>				<u>RE-BAPTISM</u>			
Please tick the appropriate box if (re-baptised) or not. Yes O No O				Please tick the appropriate box if (re-baptised) or not. Yes O No O			
<i>If yes</i> , please state reason				<i>If yes</i> , please state reason			
If no, at which SDA Church do you currently hold membership?				If no, at which SDA Church do you currently hold membership?			