

My Baptismal Pass

THIS FORM MUST BE COMPLETED AND GIVEN TO THE CHURCH CLERK BEFORE BAPTISM.

PERSONAL INFORMATION

NAME OF CHURCH _____

NAME _____

ADDRESS _____

GENDER: MALE FEMALE AGE _____ DATE OF BIRTH _____

PLACE OF BIRTH _____

EMAIL ADDRESS _____ PHONE _____

MARITAL STATUS: Married Single Divorced

RELIGIOUS BACKGROUND

*Please tick the appropriate box.*R.C. Anglican Pentecostal SDA Hindu Muslim Baptist Other *If other, kindly state:* _____

BAPTISMAL INFORMATION

Date of Baptism: (D/M/Y) _____

Place of Baptism _____

Officiating Minister at Baptism _____

SDA Church Desired to Attend _____

RE-BAPTISM

Please tick the appropriate box if (**re-baptised**) or not. Yes No *If yes, please state reason* _____*If no, at which SDA Church do you currently hold membership?*

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