

Baptism and ACMS Form

THIS IS TO CERTIFY THAT _____ Gender _____

Birth Date DD / MM / YY Birth Place _____

ID No. _____ Other Document ID _____

Profession _____ A Former Member? Yes or No _____

Date of Former Baptism DD / MM / YY Physical Address _____

Address Line 2 _____

Of the _____ Company / Church

has been examined in all points of doctrine, and the Local Church has certified that he/she has been faithful on all points, including returning of an honest tithe and offering during the preparatory period, and we recommend him/her as a CANDIDATE FOR BAPTISM.

Class Teacher _____ Date DD / MM / YY

District Pastor _____ Date DD / MM / YY

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Father _____ Mother _____

Postal Address _____

Postal Code _____ City _____ email _____

Phone _____ Cell _____ Business _____

Highest Educational Level _____

Marital Status _____ Date of Marriage DD / MM / YY

Spouse Name _____ Is He/She a Member? Yes/No _____

Dependants _____

Former Religion _____

Conversion method (lay preacher/ VOP/etc _____

Baptismal date DD / MM / YY Place _____ Baptising Minister _____