



THIS IS TO CERTIFY THAT			
FIRST NAME	MIDDLE NAME	LAST NAME	GENDER
<i>...has been examined in all points of doctrine, and the Local Church/Company 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.</i>			
ID No.	Birth Date	Birthplace (city/town/country)	
	DD / MM /YR		
Profession			
Name of the Organised Church/Company		District	Conference/Mission
Class Teacher		Date	DD/ MM /YR
Church/District Pastor		Date	DD/ MM /YR
A Former S.D.A. Member?		Location:	Date: DD/ MM /YR
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Former S.D.A. Church			



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<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Former S.D.A. Church			

Father					Mother					
Address					City					
					Country					
Cell phone/WhatsApp					Email					
Highest Educational Level	<input type="checkbox"/> Non-Formal <input type="checkbox"/> Primary		<input type="checkbox"/> Secondary <input type="checkbox"/> Technical		<input type="checkbox"/> Vocational <input type="checkbox"/> Diploma		<input type="checkbox"/> Prof. License <input type="checkbox"/> Bachelor's		<input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		Date of Marriage	DD/ MM /YR				
Spouse's Name					Is he/she a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Dependents										
Conversion method					Former Religion					
<input type="checkbox"/> Adventist Family/Friends <input type="checkbox"/> Adventist Education <input type="checkbox"/> Media Ministry <input type="checkbox"/> Public Evangelism <input type="checkbox"/> Sabbath school <input type="checkbox"/> Bible Study			<input type="checkbox"/> Healthcare Institution <input type="checkbox"/> Community Service <input type="checkbox"/> Public Evang. <input type="checkbox"/> Youth Ministries <input type="checkbox"/> Children's Min. <input type="checkbox"/> Other		<input type="checkbox"/> Methodist <input type="checkbox"/> Catholic <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Baptist <input type="checkbox"/> Latter Day Saints (Mormons) <input type="checkbox"/> Anglican			<input type="checkbox"/> Seventh-day Adventist <input type="checkbox"/> Pentecostal/Evangelical <input type="checkbox"/> Other Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Traditional Religions <input type="checkbox"/> Other		
Baptismal Date			Baptising Pastor/Elder				Baptismal Place			
DD/ MM /YR										

Father					Mother					
Address					City					
					Country					
Cell phone/WhatsApp					Email					
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