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FIRST NAME			MIDDLE NAME	LAS	LAST NAME					
has been faithj	ful on all points	, includ	doctrine, and the Local Chu ling returning of an honest end him/her as a CANDIDA	tithe and offe	ering during the	at he/she				
1 DI	No.		Birth Date	Birthplace (city/town/country)						
			DD/ MM /YR							
Profession		L								
Name of the Organised Church/Company			District	Со	Conference/Mission					
Class Teacher				Date	DD/ MM	/ YR				
Church/Distric	ct Pastor			Date	DD/ MM	/ YR				
	S.D.A. Member	r?	Location:	Date: D	D/ MM /YR					
☐ Yes	□ No									
Former S.D.A.	Church									
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FIRST	NAME		MIDDLE NAME	LAS	T NAME	GENDER				
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	S.D.A. Membe	r?	Location:	Date: DD/ MM /YR						
☐ Yes	□ No			D 410.						
Former S.D.A.	Church									

Cell phone/WhatsApp	Father						Mother						
Cell phone/WhatsApp	4.1.1					City							
Highest Educational Primary Secondary Occational Prof. License Master's Ph.D.	Address				Country								
Educational Primary Technical Diploma Bachelor's Ph.D. Ph.D.	Cell phone/V					-			nail				
Status	Educational	tional Primary											
Spouse's Name Dependents Dependents Conversion method Former Religion Seventh-day Adventist Pamily/Friends Healthcare Institution Dependents			_							DD/ MM /YR			
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