



# BAPTISMAL APPLICATION FORM

## SECTION 01: APPLICATION INFORMATION

NAME OF PERSONAL BEING BAPTISED:

MAILING ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

AGE:

E-MAIL:

APPLICANT'S SIGNATURE:

DATE:

## SECTION 02: SUPPORT CONFIRMATION OF THIS BAPTISM

*PARENT/GUARDIAN OF PATHFINDER - I/WE ARE IN HARMONY WITH THIS PLAN FOR BAPTISM*

FULL NAME:

RELATIONSHIP:

MAILING ADDRESS:

TOWN:

TOWN:

PHONE NUMBER:

DATE OF BIRTH:

**SECTION 02 CONTD... : SUPPORT CONFIRMATION OF THIS BAPTISM**

*PARENT/GUARDIAN OF PATHFINDER - I AM IN SUPPORT WITH THIS PLAN FOR BAPTISM*

FULL NAME:

RELATIONSHIP:

MAILING ADDRESS:

TOWN:

POSTCODE

PHONE NUMBER:

DATE OF BIRTH:

EMAIL:

LOCAL MISSION:

UNION:

PATHFINDER CLUB NAME:

**SECTION 03: CONTACT INFORMATION FOR RECORDING OFFICER/CHURCH CLERK**

*Please supply the following information for the CHURCH CLERK where the Pathfinder will be voted into membership.*

FULL NAME:

LOCAL CHURCH:

HOME MAILING ADDRESS:

TOWN:

POSTCODE

PHONE NUMBER:

DATE OF BIRTH:

EMAIL:

**SECTION 04: BAPTISM OFFICIANT**

*Please give the following information about the person you wish to baptise you:*

FULL NAME:

PHONE NUMBER:

THE INDIVIDUAL IS (TICK ONE):

MY PASTOR

MY MISSION PATHFINDER DIRECTOR:

OTHER (PLEASE SPECIFY):

**SECTION 05: SUBMISSION OF APPLICATION**

*Submit your completed application before Thursday, 31st October, 2019  
via email [tpumcamporee@adventist.org.fj](mailto:tpumcamporee@adventist.org.fj)*