

ADULT BAPTISM AND/OR CERTIFICATION FOR NON-RESIDENT CHURCH MEMBERSHIP



INFORMATION AND INSTRUCTION FOR REPORTING

1. The form on page two is to be completed and distributed as follows:
 - a. Mail original to the pastor or session of the church designated by the parents.
 - b. Give a copy to the parents.
 - c. Retain a copy for your file or mail to Council Office for retention.

2. Regardless of the denomination of the parents, chaplains are urged to have them designate the particular church to which the baptism can be reported. The baptism of an infant or child may be reported to a church only when one or both parents have their membership in that church.

3. If an applicant does not designate a particular church and desires membership in the Presbyterian Church until permanently established, mail original to:

National Presbyterian Church
4101 Nebraska Avenue NW
Washington, DC 20016

(for PCUSA)

Cumberland Presbyterian Church
1978 Union Avenue
Memphis, TN 38104

(for Cumberland Presbyterian)

The Presbyterian Council for Chaplains and Military Personnel
4125 Nebraska Ave., N.W.
Washington, D.C. 20016
TELEPHONE – (202) 244-4177 WEBPAGE – www.pccmp.org
FAX – (202) 237-0983 EMAIL – chaplains@pccmp.org

CERTIFICATION OF MILITARY PERSONNEL &/OR DEPENDENTS FOR CHURCH MEMBERSHIP



I certify that I have counseled the below named person and have ministered to him/her in the name of Christ and the Church and I commend him/her to you for enrollment as a non-resident member of your church. I further certify that I have: (check as appropriate)

- Baptized him/her.
- Instructed the prospective member in the principles of our holy religion, using the following Books and materials: _____
- Examined him/her and received evidence of proper knowledge and piety.
- Received his/her profession of faith in a corporate service of worship.
- Received his/her reaffirmation of faith in a corporate service of worship.
- Been asked to request your church to obtain his/her letter of transfer from the following church:

Name of church _____

Address: _____

PERSONAL INFORMATION

Circle one: USA ___ USN ___ USMC ___ USAF ___ USCG ___

Name of applicant _____ Rank/Rate _____ Social Security No. _____

Military address _____ Email _____

Mail address _____ Phone _____

Permanent forwarding address _____

Date of birth _____ Place of birth _____

Date of baptism _____ Place of baptism _____

Names of witnesses _____

Name and address of pastor to which membership is referred:

Pastor _____ Church _____

Address _____

NOTE: If a military dependent, please complete the following: Circle one: USA ___ USN ___ USMC ___ USAF ___ USCG ___

Name of sponsor (head of family) _____
First Middle Last

Rate/Rank _____ Social Security No. _____ Dependent Relationship _____

Name of chaplain _____ Denomination _____ Rank _____

Address _____

Date _____ Signature _____