Scripture Memorization Program – Certification Form

Must be received by **July 10, 2015**. If needed, place additional names on another sheet. Please type or print (all caps) list in **alphabetical order (last name, first name)**.

Church Name and City:

I certify that these students have completed the 2014-15 Scripture Memorization Program.

(signature)

(title)

(date)

(email address for receipt)

Christian Education Council of the SDB General Conference of USA & Canada

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