

Scripture Memorization Program Certification Form

The form must be received by **July 8, 2016**. If needed, place additional names on another sheet.
Please type or legibly print the names in **alphabetical order (last name, first name)**.

Church Name: _____ City/State: _____

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I certify that these students have completed the **2015-16 Scripture Memorization Program**.

SIGNATURE

TITLE

DATE

EMAIL ADDRESS FOR RECEIPT

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All names will be printed as they appear written on this form. Please take a minute to double check all names are spelled correctly before submitting.

Please Mail To:

SDB General Conference
Attn: Christian Ed. Council/ Scripture Memory
PO Box 1678
Janesville, WI 53547

Or E-mail To:

nkersten@sevethdaybaptist.org