

REQUEST FOR BAPTISMAL PINS



Name of Adventurer	Address	Age *	Date of Baptism	Place of Baptism
rame of raventurer	Audi ess	rige	Daptism	Dapusin
* At the time of baptism				
Submitted by	Position		Date	
Club	Pastor's Signature			
Proposed date of Baptismal Pir	nning Ceremony			

Submit completed form to:

Ontario Conference (Adventurer Department)
1110 King St. East, Oshawa, ON L1H 1H8
Email, Scan/Email or fax attention to Verna Storaune
at vstoraune@adventistontario.org or Fax # (905) 571-5995.