

CHURCH MEMBERSHIP CERTIFICATE

(This information is for Admissions in St. Stephen's College)

Date: _____

Name of the Candidate: _____

Date of Birth: _____

Father's Name: _____

Mother's Name: _____

Address: _____

This is to certify that, as per our church records, Mr./Ms. _____ father/
mother of _____ (Name of the Candidate) is a bonafide member of
our Church from _____ till date. He/She is communicant member.

Name of the Church: _____

Address of the Church: _____

Telephone No: _____ **E-mail Address:** _____

Name of the Presbyter Incharge of the Church:* _____

Mobile No: _____ **E-mail Address:** _____

Head of the Church:** _____

Telephone No: _____

Head Office of the Church (Address): _____

Signature of Pastor/Presbyter Incharge of the Church*with official seal & date

Verified the Signature & details of the Presbyter-in-charge of the Church

Signature of Head of the Church (Bishop):**(with official seal & date)

*Presbyter / Minister / Reverend / Pastor / Vicar

**Bishop / Senior Presbyter / Senior Pastor / Senior Minister