

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 individual.
 - b. Give a copy to the individual.
 - c. Retain a copy for your file or mail to Council Office for retention.
2. Chaplains are urged to have the baptized individual designate the particular church to which the baptism can be reported. Should an infant or child be baptized along with the adult, the 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:

Presbyterian Council for Chaplains and Military Personnel
4125 Nebraska Avenue
Washington, D.C. 20016

Or email to chaplains@pccmp.org

The Presbyterian Council for Chaplains and Military Personnel
4125 Nebraska Ave., N.W.
Washington, D.C. 20016
TELEPHONE - (202) 630.6225 WEBPAGE - www.pccmp.org
EMAIL - chaplains@pccmp.org

**CERTIFICATION OF MILITARY PERSONNEL
and or FAMILY MEMBERS
FOR CHURCH MEMBERSHIP/BAPTISM**



I certify that I have counseled the below named person and have ministered to him/her in the name of Christ and the Church. I commend them 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 _____

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 family member, please complete the following: Circle one: USA_ USN_ USMC_ USAF_ USCG_

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

Family Member Relationship _____

Name of chaplain _____ Denomination _____ Rank _____

Address _____

Date _____ Signature _____