

## Scripture Memorization Program Certification Form

The form must be received by **July 12, 2019**. If needed, place additional names on another sheet. Please type or print (all caps) list in **alphabetical order (last name, first name)**.

Church Name: \_\_\_\_\_ City/State: \_\_\_\_\_

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I certify that these students have completed the **2018-19 Scripture Memorization Program**.

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SIGNATURE

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TITLE

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DATE

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EMAIL ADDRESS FOR RECEIPT



## **Scripture Memorization Program Certification Form**

The Form Must Be Received By **July 12, 2019.**

**Please Mail To:**

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

**Or E-mail To:**

[nkersten@seventhdaybaptist.org](mailto:nkersten@seventhdaybaptist.org)