

**POTOMAC CONFERENCE  
CLERK/MINISTERS REPORT OF ADDITIONS BY BAPTISM OR PROFESSION OF FAITH**

A \* means that the field is required.

\* Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_

\*Phone Number-Home: \_\_\_\_\_

cell phone: \_\_\_\_\_

work phone: \_\_\_\_\_

\*Full Date of Birth \_\_\_\_\_

\*Church Joined \_\_\_\_\_

School Grade: \_\_\_\_\_

\*Name of Head of Household \_\_\_\_\_

SDA School Name: \_\_\_\_\_

\*Minister Officiating \_\_\_\_\_

Non-SDA School Name: \_\_\_\_\_

Email Address \_\_\_\_\_

\*Please Select One:       Baptism     Re-Baptism     Profession of Faith

Single     Married     Widowed

Male     Female

\*DATE OF EVENT:

THIS REPORT MUST BE COMPLETED BY THE CLERK/MINISTER REPORTING BAPTISMS OR THOSE TAKEN INTO THE CHURCH BY PROFESSION OF FAITH  
THIS FORM MUST BE FILLED IN IMMEDIATELY FOLLOWING THE BAPTISM.

Email: [claudyab@pcsd.org](mailto:claudyab@pcsd.org)  
Mail: 606 Greenville Avenue  
Staunton, VA 24401  
Fax: 540-886-5734

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