



New Life Assembly of God Church

Secunderabad – Hyderabad

APPLICATION FOR CERTIFICATE

Full Name : (Mr/Mrs/Ms/Dr/Other.....) _____

Phone : _____

Purpose : _____
Membership / Recommendation / Reference / Other

Needed By : _____
Day/Month

Residence Address : _____

_____ PIN _____

Further Details :

Father's Name : _____

Mother's Name : _____

Date of Birth : _____

Date of Water Baptism (by Immersion) : _____

Attending New Life A/G Church since : _____

Thanking You Sincerely!