

Scripture Memorization Program Certification Form

The form must be received by **July 11, 2021**. 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: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that these students have completed the **2020-21 Scripture Memorization Program**.

SIGNATURE

TITLE

DATE

EMAIL ADDRESS FOR RECEIPT



Scripture Memorization Program Certification Form

The Form Must Be Received By **July 11, 2021.**

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