



MY CHILD'S FAITH DECISION

Child's Name

Date of Decision

Child's Date of Birth

Please fill out this card and mail in the enclosed envelope or drop by the Elementary Welcome Center.

*We have a special Salvation and Baptism kit we will get to you once we receive information of your child's decision.
See other side.*





Parent/Guardian Name

Address

City

State

Zip

Contact Number

E-mail

See other side