



# SHARON ASSEMBLY OF GOD CHURCH

4th floor, Satyanarayana Enclave, Madinaguda - 500049,

## APPLICATION FOR CERTIFICATE

NAME : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Purpose : \_\_\_\_\_  
Membership / Baptism / Recommendation / Reference / NOC / Other

Needed By : \_\_\_\_\_

Residence Address : \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Further Details :

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Date of Water Baptism (by immersion) : \_\_\_\_\_

Attending SAG Since : \_\_\_\_\_

**Thanking You Sincerely !**