

세례/입교/유아세례 신청서

(Application for Baptism/Confirmation/Infant Baptism)

받기 원하는 성례에 표시해 주세요: Please check the purpose of the application:	<input type="checkbox"/> 세례 (Baptism) <input type="checkbox"/> 입교 (Confirmation) <input type="checkbox"/> 유아세례 (Infant Baptism)
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▶ 세례/입교/유아세례 받으실 분 (Baptism/Confirmation/Infant Baptism candidate information)

교인번호 (Registration Number)		교회등록일자(Registration date)	/ /
이름(Name)	(한글)	(English)	
생년월일(DOB)	/ /	성별(Gender)	<input type="checkbox"/> 남(male) <input type="checkbox"/> 여(female)
전화번호(Phone)	(Home)	(Cell)	
이메일(Email)			
주소(Address)	(Street)		
	(City)	(State)	(Zip)

▶ 입교 받으실 분만 (Confirmation Candidate only)

유아세례 받은 교회 (Name of church received infant baptism)		세례 받은 날짜 (Date of baptism)	/ /
영세 받았음 Received salvation	(언제/when)	(성당/where)	_____ 천주교회

▶ 유아세례 받으실 분만 (Infant baptism Candidate only)

아버지 이름 (Father's name)	<input type="checkbox"/> 세례/입교(Baptism/Confirmation) <input type="checkbox"/> 없음(n/a)
어머니 이름 (Mother's name)	<input type="checkbox"/> 세례/입교(Baptism/Confirmation) <input type="checkbox"/> 없음(n/a)

호산나커뮤니티교회 담임목사 귀하

위와 같이 세례/입교/유아세례 받기를 청원합니다.

I would like to apply for baptism/confirmation/infant baptism from our senior pastor at Hosanna Community Church.

신청자(applicant) _____ 전화번호(Phone) _____

신청일자(date) _____ / _____ / 20 _____



호산나 커뮤니티 교회
Hosanna Community Church