

APPLICATION FOR SACRAMENT (세례. 유아세례. 입교 신청서)					
신청부문 Applying As	<input type="checkbox"/> Infant Baptism (유아세례)		<input type="checkbox"/> Baptism (세례)		<input type="checkbox"/> Confirmation (입교)
Name		Date of Birth		Sex	M / F
Home Phone		Cell phone			
Address					
E-Mail Address					
In case of infant Baptism(유아 세례일 경우)					
Parent's Name		Relation	Title (신급)	Area	Remarks (비고)
Father			Baptism / Confirmation		
Mother			Baptism / Confirmation		
<p>It is requested to file the application as the above (위와 같이 신청합니다.)</p> <p style="text-align: center;">/ /</p> <p style="text-align: center;">(mm) (dd) (yy)</p> <p>Applicant's Signature : (위 신청인(보호자) 서명)</p>					
Office Use Only(관계자 전용란)					
세례입교(유아세례) 참석 예배	1부 예배 (8시)			2부 예배 (11시 30분)	



살롬제일장로교회
THE LUTHERAN PROTESTANT CHURCH OF SALAMOT