REQUEST FOR BAPTISMAL PINS

Name of Pathfinder	Address	Age *	Date of Baptism	Place of Baptism

* At the time of baptism

Submitted by _____ Position _____ Date _____

Club _____ Pastor's Signature _____

Proposed date of Baptismal Pinning Ceremony _____

Mail completed form to: Ontario Conference (Pathfinder Department)
1110 King St. East, Oshawa, ON L1H 1H8
Email, Scan/Email to pathfinders@adventistontario.org or Fax # (905) 571-5995.