



## CHURCH CRITERIA FORM

Name of Child:

Date of Birth:

Church Details<sup>1</sup>

Name:

Address:

Telephone:

This is to certify that (child or family member<sup>2</sup>)

Attends a service of public worship at the above Church regularly (at least twice per month for a minimum of two years).

Signed:

Print Name:

Position:

Date:

Definitions

<sup>1</sup>Churches must be a member of, or affiliated to, Churches Together in Britain and Ireland or the Evangelical Alliance

<sup>2</sup>Family member must be Parent or Guardian (one parent / guardian is sufficient)