

# Profession of Faith

## ALLIANCE OF REFORMED CHURCHES

THIS IS TO CERTIFY THAT

\_\_\_\_\_

(NAME OF PERSON MAKING PROFESSION)

has made a profession of faith at \_\_\_\_\_

(NAME OF CHURCH)

in \_\_\_\_\_

(CITY AND STATE/PROVINCE)

on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_

(SIGNATURE OF MINISTER OF WORD AND SACRAMENT)

\_\_\_\_\_

(SIGNATURE OF ELDER OF THE ALLIANCE OF REFORMED CHURCHES)

