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)

on the _____ *day of* _____ *, in the year* _____

_____ _____

(SIGNATURE OF PASTOR) (SIGNATURE OF ELDER OF THE ALLIANCE OF REFORMED CHURCHES)

Alliance
OF REFORMED CHURCHES