

Southeastern California Conference  
Office of Education

**Church Membership Verification Form**

<b>Legal Name:</b> <i>(do not put a nickname)</i>	
<b>Previous/Maiden Name:</b>	
<b>Date of Birth:</b>	
<b>Current Address:</b>	
<b>Church Where Membership is Held:</b>	
<b>Membership by:</b> <i>(Choose only one)</i>	<input type="checkbox"/> Baptism <input type="checkbox"/> Profession of Faith
<ul style="list-style-type: none"> <li>• <b>If Church is not within SECC, what conference is church located in?</b></li> </ul>	
<b>Pastor's Name:</b>	
<b>Prior Church Membership:</b>	
<b>Form Completed by:</b>	
<b>Date Form Completed:</b>	

\*If your membership is not within SECC please have your church provide a letter of verification stating that you are currently a baptized member in good standing.

-----  
Education Department Use Only:

Membership Verified by:	
Date Membership Verified:	

Return this form to:  
**SECC Office of Education**  
P.O. Box 79990, Riverside, CA 92513-1990  
[kathi.christenson@seccsda.org](mailto:kathi.christenson@seccsda.org) 951-509-2307 (Phone) 951-509-2392 (fax)