

MEMORIZATION AFFIDAVIT

I, _____ have recited from memory The TEN COMMANDMENTS
(Print Child's Name)

before _____ on _____ (DATE).

Print Name of Authorized Witness _____

Date _____

Signature of Child

Child's Age _____

Child's Home Address (Print) (Optional)

City State and Zip _____

Email Address _____

I, _____ have witnessed the reciting from memory of The TEN
COMMANDMENTS

Print Authorized Witness' Name _____

_____ (Name of child) on _____ (DATE).

_____ Signature of Authorized Witness

_____ Authorized Title or Relationship

Email Address (Optional) _____

1. Qualified Authorized Witnesses: Parent, any adult 21 or older, Pastor, Priest, Church School Teacher, Public or Private School Teacher, Youth Leader, or Elected Government Official.
2. The Child must be 14 years old or younger
3. Email addresses are held in strict confidence. The address is only used by to send a copy of the Ten Commandments Newsletters and/or special notices.

To receive the earned encouragement reward, complete this form and mail with SASE to:

Jackie Forbes
1340 Tabor Cutoff
Gadsden, AL 35904