

Prayer to be said every day at mid-day:

I bear witness, O my God, that Thou has created me to know Thee and to worship Thee. I testify, at this moment, to my powerlessness and to Thy might, to my poverty and to Thy wealth. There is none other God but Thee, the Help in Peril, the Self-Subsisting.

~Bahá'u'lláh



BAHÁ'Í FAITH  
REGISTRATION CARD

Today I registered as a  
member of the Bahá'í Faith

\_\_\_\_\_  
(date)

Bahá'í Community contacts:  
\_\_\_\_\_  
\_\_\_\_\_

*I charge you all that each  
one of you concentrate all  
the thoughts of your heart  
on love and unity...*

~'Abdu'l-



**Confirmation of Enrollment** (Please Print Clearly)

To be completed by Authorizing Agency or its designee

Name of Bahá'í Locality where individual lives: \_\_\_\_\_

Bahá'í Locality Code where individual lives (if known): \_\_\_\_\_

Please indicate Authorizing Agency name: \_\_\_\_\_  
Authorizing LSA Locality Code

Authorizing Institution Type: \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Authorized Representative \_\_\_\_\_ ID # of Authorized Representative \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Rev. 9/08

**Bahá'í Registration** (Please print clearly. All information is required except in the shaded area below.)

Tear at perforation and send this part to the appropriate Local Spiritual Assembly or the Bahá'í National Center.

Last	First	Middle	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Dr., Miss, Mr., Mrs., Ms. (Full Legal Name – please do not use nicknames)			Date of Birth		
Residential Address			Month	Day	Year (YYYY)
City			Home Phone: ( )		
State			Cell Phone: ( )		
Zip Code			E-mail: _____		
Mailing Address (if different)			Language Preference		
City			<input type="checkbox"/> English <input type="checkbox"/> Spanish		
State			Race/Ethnicity: _____		
Zip Code			_____		
Country of Birth: <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			_____		
Have you ever enrolled in the Faith before? <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____			_____		

I have declared my belief in Bahá'u'lláh as the Manifestation of God for this age. I wish to register as a member of the Bahá'í Faith.

Signature \_\_\_\_\_ Date \_\_\_\_\_