

CONFIDENTIAL
LOCAL CHURCH RECOMMENDATION FORM

THIS DOCUMENT IS ONLY VALID FOR THREE MONTHS FROM SIGNED DATE

Details of Applicant

Surname _____ ID/Passport Number _____
First Names _____
Home Address _____
Postal Code _____
E-Mail Address _____
Cell _____ Home Tel _____ Work Tel _____
Date of Birth _____ Marital Status _____ Gender _____
Home Language _____ Other Languages _____
Nationality _____ Expiry Date of Work Permit (if Applicable) _____
Name of Spouse _____ Date of Birth _____

Church Recommendation

Date Baptised _____ Where Membership Held _____
Membership of Spouse _____
Position held in church _____
Congregation Name: _____ Church Board Date: _____
The church would like to recommend that _____

Be accepted Not be accepted to serve as a Literature Evangelist.

Signed by: Church Clerk: _____ Date: _____
Church Elder: _____ Date: _____
Church Pastor: _____ Date: _____