

Oklahoma State Council, Inc. Minister's Information Sheet

State Fellowship Papers

ID Number

Title: _____

First Name: _____ MI _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Pastor: _____

Church: _____

Certificate: Yes _____ No _____ Date: _____

Expiration
Due Date

<input type="checkbox"/>	June 2017
<input type="checkbox"/>	June 2018
<input type="checkbox"/>	June 2019
<input type="checkbox"/>	June 2020
<input type="checkbox"/>	June 2021

Study to shew thyself approved unto God, a workman that needeth not to be ashamed,
rightly dividing the Word of truth. II Timothy 2:15

Preach the Word.....II Timothy 4:3

May God Bless You.

Office of the Secretary

P. A. W.
Fellowship Certificate Examination

1. How long have you had the baptism of the Holy Ghost? _____
2. When and where did you receive the baptism of the Holy Ghost?

3. When and where were you baptized in Jesus' Name?

4. Have you been tried for sin since you've received the Holy Ghost? _____
5. Were you found guilty? _____
6. Do you attend church regularly? _____
7. Do you pay your tithes? _____

Applicant's Signature _____

The candidate is only eligible for Fellowship certificate if the above questions show an unblemished record.

I, Pastor do solemnly affirm all the answers to the above questions by
_____ are true to the best of my knowledge.

Pastor's Signature _____ Date ____/____/____

Comments _____

Prior to Pastor's signature the voucher inquiry must be made in saint's meeting at least twice to find if there are any knowing of any reason candidate should not receive certificate.