

Application for Hebron Ministries' Spiritual Covering

Today's Date: _____

Complete Name: _____

Usual Name: _____

Address: _____

Phone Number: _____

Nationality: _____

Place of Birth: _____

Date of Birth: _____

Civil Status: Single: ___ Married: ___ Divorced: ___ Joined: ___ Widow: ___

Have you been married before? _____ Have you been married more than once? _____

Name of Spouse: _____

Has she been married before? _____

As accurately as you can, please give us the dates for the following:

Attach a
recent photo of
yourself

Conversion: _____

Water Baptism: _____

Baptism in the Holy Spirit: _____

How long have you been in the ministry? _____

What is the name of the church you currently pastor? _____

Church address: _____

Denomination: _____

How long have you pastored this church for? _____

Where else have you pastored? _____

If you are not pastoring a church, what is your ministry? _____

Have you attended any Hebron Ministerial Institute? Yes ____ No ____

Have you graduated from a Hebron Ministerial Institute? Yes ____ No ____

If that is the case, what year did you graduate? _____

Have you attended at any other Biblical Institute? Yes ____ No ____

Which one? _____

When? (Approx. date): _____

Did you graduate there? Yes ____ No ____

If you have children, please give us the following information:

Name _____ Date of Birth _____ Sex _____

Name _____ Date of Birth _____ Sex _____

Name _____ Date of Birth _____ Sex _____

Name _____ Date of Birth _____ Sex _____

Name _____ Date of Birth _____ Sex _____

I am asking for Hebron Ministries to give me spiritual covering,

Signature: _____