

## TRIAL DEACON APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Married \_\_\_\_\_

How long have you been saved? \_\_\_\_\_

Sanctified? \_\_\_\_\_

Filled with the Holy Ghost? \_\_\_\_\_

Have you been baptized in water? \_\_\_\_\_

If so, by whom? \_\_\_\_\_

How long have you been a member of the Church? \_\_\_\_\_

Which local church are you now a member? \_\_\_\_\_

Do you feel a definite call to serve as a deacon? \_\_\_\_\_

Will you avail yourself of the study courses available through the Church such as: ETA, CBL-Foundation Courses, etc.? \_\_\_\_\_

\_\_\_\_\_  
Signature

### ENDORSEMENT

(To be filled in by the pastor and church clerk.)

The local church at \_\_\_\_\_

has considered the calling and ability of \_\_\_\_\_

and hereby recommends him for a trial deacon's certificate be issued to: \_\_\_\_\_

Date of conference \_\_\_\_\_

Signature of local church clerk \_\_\_\_\_

Signature of Pastor \_\_\_\_\_

**NOTE: When both sections of this form have been completed, it is to be mail to the State Office, PO Box 707, Bessemer, AL 35021-0707.**

09/30/97