

Church of God by Faith, Inc. Theological Institute

2409 Old Middleburg Road N · Jacksonville, FL 32205 · 904.779.5469 · Fax 904.779.5399

Pastor's Recommendation Letter

Name:							
		First		Middle	La	est	
Date of birth: _				Member of the	COGBF? ☐ Yes ☐	No How Long	?
	Month	Day	Year				
Address:							
	P.O. Box/Street			City	9	State	ZIP/Postal
Home Phone: (_)		Cell: ()	E-mail:		
Marital Status:	☐ Single	☐ Married	☐ Divorced	☐ Separated	☐ Remarried	☐ Dating	
Name of local ch	urch at which	n you are a men	nber:				
Church Address:					Phone	Number:	
Pastor's Name: _	stor's Name: Duration of membership in this local church:						
Pastor's Reco	mmendatio						
I certify that the i	information g	iven on this app	olication is com	plete and accurate.			
Applicant's signa	ture:				Date:		
Pastor's signatur	0.				Date		
i astor s signatur	c				Date		