TENNESSEE STATE MINISTRIES
CHURCH OF GOD OF PROPHECY

Trial Deacon/Trial Deaconess Application

( ) Trial Deacon ( ) Trial Deaconess

Name: _____ Phone: (_____) _____ - _____

Address: _____

City: _____State: _____ Zip: _____

Email Address: _____

Date of Birth: _____ Married __ Single __ Divorced __

How long have you been saved? _____ Are you sanctified? _____ Filled with the Holy Spirit? _____ Have you been baptized in water?_____

If so, when and by whom? _____

How long have you been a member of the church? _____

Will you apply yourself to complete the Foundations: Minister's Development Program? _____

Church and Pastor Endorsement (to be completed by the clerk)

The local church at _____ has considered the desire and ability of _____ and recommends that he/she be recognized as a Trial Deacon/Trial Deaconess.

Date of Conference _____

Signature of Clerk _____

Signature of Pastor _____

Send by email to cogoptn@gmail.com or if mailing by USPS, keep a copy for the church files and send the original to:

Church of God of Prophecy
Tennessee State Ministries
P O Box 2319
Hendersonville, TN 37077-2319