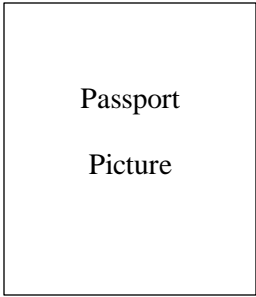


**ASSEMBLIES OF GOD, GHANA**  
**MINISTERS' PROFILE FORM**



**PERSONAL DATA**

Surname: ..... First Name: ..... Others: .....

Title: Ps  Rev  Rev/Dr.  Rev/Prof  Gender: M  F  Nationality: .....

Date of Birth: ...../...../..... Place of Birth: ..... Hometown: .....

Marital Status: Married  Single  Divorced  Widowed  No of Children: .....

Date of Marriage: ...../...../..... Marriage type: Traditional  Ordinance

Residential Address: ..... Suburb / Community: .....

Postal Address: ..... Date of Appointment: ...../...../.....

Minister Status: Full time  Tent  Rank: Exhorter  Licentiate  Ordained

Level: Senior Pastor  Associate  Official Position in Ministry: .....

Date posted to present church: ...../...../..... Previous church: .....

Mobile No: ..... Alternative No .....

Email: .....

**Educational Background (Certificate(s) acquired)**

Institution	Year	Certificate
.....	.....	.....
.....	.....	.....
.....	.....	.....

**CHURCH INFORMATION**

Name of Church: ..... Location: .....

District: ..... Region: .....

Planted Date: ...../...../..... Pioneer Pastor: .....

Postal Address: .....

Office telephone: ..... Email: .....

Direction to church Premise (Using a Landmark).....

**CHURCH CENSUS**

**Adult Membership:** Total no. of males: ..... Total no. of females: .....

**Children Ministry:** Total no. of boys: ..... Total no. of girls: .....

**PENSION INFORMATION**

Are you registered with SSNIT currently? Yes  No

**Spouse Information**

Title: Ps/Mrs. Rev/Mrs.  Mr.  Mrs.

Surname: ..... First Name: ..... Others: .....

Nationality: ..... Date of Birth: ...../...../..... Place of Birth: .....

Home Town: ..... Occupation: .....

Mobile No: ..... Alternative No: .....

Please provide details of children below 21 years

Name: ..... Date of Birth: ...../...../.....

Name: ..... Date of Birth: ...../...../.....

Name: ..... Date of Birth: ...../...../.....

**Emergency Contact**

Name: ..... Phone Number: .....

Relationship: ..... Location: .....

**Declaration**

I ..... hereby declare that all information provided is true, accurate and correct as at the date given below.

Signature: .....

Date: ...../...../.....

Regional Superintendent

National Administrator, MPS

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: ...../...../.....

Date: ...../...../.....