



ASSEMBLIES OF GOD, GHANA

MINISTERS' PROFILE UPDATE FORM

Title: [ ] Rev [ ] Rev.Dr. [ ] Rev. Prof

Name: ..... Phone No: .....

Marital Status: ..... Hometown: ..... Official Position: .....

Rank: Exhorter [ ] Licentiate [ ] Ordained [ ] Level: Senior Pastor [ ] Associate [ ]

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

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

Do you have any physical disability?..... Yes [ ] No [ ]

MARRIAGE INFORMATION

Date of Marriage: ...../...../..... Type of Marriage: [ ] Traditional [ ] Ordinance

Name of Spouse: .....

Date of Birth: ...../...../..... Place of Birth: ..... Home Town: .....

Occupation: ..... Mobile No: .....

Names of Children (Below 21): ..... Date of Birth: ...../...../.....
..... Date of Birth: ...../...../.....
..... Date of Birth: ...../...../.....

Declaration

I ..... I hereby declare that the details provided above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

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

Regional Superintendent: ..... (Signature, Stamp & Date)

National Administrator (MPS)

MIS Officer

Signature: .....

Signature: .....

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

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