



BETHEL BELIEVERS MINISTRY

P.O.BOX 343 NUMAN ADAMAWA STATE,
NIGERIA. WEST AFRICA



PASSPORT

E-REGISTRATION FORM

NOTE: FILL THIS FORM IN CAPITAL LETTERS

SURNAME:.....

OTHER NAMES.....

SEX: MALE: FEMALE:

DATE OF BIRTH:

MARITAL STATUS: SINGLE: MARRIED:

COUNTRY OF RESIDENCE:

NATIONALITY _____ STATE OR PROVINCE:.....

PHONE NUMBER:..... EMAIL: _____

ARE YOU AFFILIATED WITH ANY MINISTRY: YES NO

IF YES PLEASE STATE THE MINISTRY NAME: _____

ARE YOU BORN AGAIN: YES NO

IF YES PLEASE STATE WHEN AND UNDER WHAT CIRCUMSTANCE:.....

.....

DO YOU INTEND TO BE PART OF THIS MINISTRY? YES NO

WHAT MOTIVATED YOU TO BE PART OF THIS MINISTRY: _____

NEXT OF KIN NAME: _____

NEXT OF KIN ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

DATE OF REGISTRATION:

SIGNATURE: