



BETHEL BELIEVERS MINISTRY

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



PASSPORT

E-REGISTRATION FORM FOR BPC

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 OF ORIGIN: _____ STATE OF RESIDENCE: _____

WHERE ARE YOU ATTENDING THIS CONGRESS FROM _____

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:.....

.....

HEALTH STATUS: EXCELLENT FAIR POOR

IF FAIR OR POOR PLEASE STATE DETAILED CONDITION: _____

ACCOMODATION RESERVATION: HOSTEL PRIVATE HOTEL

OTHERS PLEASE FURTHER STATE HERE: _____

MEANS OF TRANSPORTATION TO/FRO THE CONGRESS GROUND _____

NEXT OF KIN NAME: _____

NEXT OF KIN ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

DATE OF REGISTRATION:

SIGNATURE: