



# BREATH OF GOD

## Affiliation Form

Applicant Name: \_\_\_\_\_  
 Personal Address: \_\_\_\_\_ No. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_ Spouse Name : \_\_\_\_\_  
 Date of Birth: M/D/Y \_\_\_\_\_ Identification Document No: /\_\_\_/ \_\_\_\_\_  
 Your children's name: \_\_\_\_\_  
 \_\_\_\_\_

School grade: Elementary: \_\_\_\_\_ Middle School: \_\_\_\_\_ High School: \_\_\_\_\_ University: \_\_\_\_\_  
 College degree: \_\_\_\_\_ Profession: \_\_\_\_\_  
 Theological Studies: yes /\_\_\_/ no /\_\_\_/. Year: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Where? \_\_\_\_\_ Degree: \_\_\_\_\_

I am a: /\_\_\_/ Apostol /\_\_\_/ Pastor /\_\_\_/ Prophet /\_\_\_/ Teacher /\_\_\_/ Evangelist /\_\_\_/ Worshiper

Church Name or Ministry: \_\_\_\_\_  
 Address: \_\_\_\_\_ No. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of worship: /\_\_\_/ Own by the Church /\_\_\_/ Rent /\_\_\_/ Other /\_\_\_/ \_\_\_\_\_

Who is the owner of Building? \_\_\_\_\_

Explain the origin of the church or the ministry: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who plants the church or ministry? \_\_\_\_\_  
 Starting date: \_\_\_\_\_

Is register with the state: /\_\_\_/ yes /\_\_\_/ no  
 Board Member: /\_\_\_/ yes /\_\_\_/ no  
 Minute Book: /\_\_\_/ yes /\_\_\_/ no  
 Accounting Books: /\_\_\_/ yes /\_\_\_/ no  
 Book of Membership: /\_\_\_/ yes /\_\_\_/ no

Attendance at the main service: \_\_\_\_\_ Meeting days: \_\_\_\_\_  
 Amount of rooms in the building : \_\_\_\_\_ Places: \_\_\_\_\_

Name of previous Pastors, phones numbers and e-mail address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where you affiliated to a denomination? yes /\_\_\_/ no /\_\_\_/ Name of Council: \_\_\_\_\_  
 How long were you affiliated to this council? \_\_\_\_\_

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Do you have credentials with the denomination? \_\_\_\_\_ ¿What kind of credential? \_\_\_\_\_

Why was this affiliation terminated? \_\_\_\_\_

What is the actual status or relationship with this council? \_\_\_\_\_

Is there any issue or confrontation that have not been finalized? Please explain: \_\_\_\_\_

\_\_\_\_\_

Why do you want to join "Breath of God"? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to complete the Orientation and Vision Workshop?  /  yes  /  no

Do you agree with "Breath of God" doctrine?  /  yes  /  no

Do you know "Breath of God" statutes and internal regulations?  /  yes  /  no

Do you agree with sending offerings for church planting and the central premises?  /  yes  /  no

Provide the name of two pastors that can provide references of you, your church and/or your ministry :

1. Pastor Name: \_\_\_\_\_

Denomination: \_\_\_\_\_

personal Address \_\_\_\_\_ No. \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Province \_\_\_\_\_

Phone (Code\_ \_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Pastor Name \_\_\_\_\_

Denomination \_\_\_\_\_

Personal Address: \_\_\_\_\_ No. \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Province: \_\_\_\_\_

Phone(Code\_ \_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

ID Number: \_\_\_\_\_

Clarification: \_\_\_\_\_

Signature of the pastor authorizing: \_\_\_\_\_ Name: \_\_\_\_\_

**Note:** This application is for ministers, pastors, evangelist and others. Please know that this application is made for different ministers and different nationalities. Please fill as much as possible, if something doesn't apply, please fill with N/A.