



HOUSE ON THE ROCK
home for all

NEW BELIEVERS CLASS FORM

BIO-DATA

Surname _____ First Name _____

Date of Birth ____/____/____ Age _____ Gender: Male Female

Marital Status: Single Married Divorced Widow(er)

Home Address _____

Telephone Number(s) _____

Occupation/Profession _____

Email _____

MORE INFORMATION

Are You Born Again? Yes No

When Did You Accept Jesus As Your Lord And Saviour? _____

What Other Church(es) Have You Attended? _____

How Long Have You Been In House On The Rock? _____

Have You Been Baptised By Immersion? Yes No

Are You Baptised In The Holy Spirit With The Evidence Of Speaking In Tongues? Yes No

FOR OFFICIAL USE

Comments _____

Please return the completed form to the INFORMATION CENTER or THE CHURCH OFFICE. Thank you.