

# Credential Pre-Application Questionnaire

We are glad that you are pursuing ministerial credentials through the Mississippi Assemblies of God. Please complete and mail this form to MS District AG, PO Box 720309, Byram, MS 39272. Once complete, you will be contacted about your next steps.

Full Name:	Date of Birth
Address:	
Spouse Name (if applicable):	
Email:	Cell:

## Spiritual Background

Have you:

- |   |     |    |
|---|-----|----|
| 1. Had a born-again salvation experience?   | Yes | No |
| 2. Been baptized in water by immersion?   | Yes | No |
| 3. Received Baptism in the Holy Spirit with the initial physical evidence of tongues? | Yes | No |

## Ministry Background

- |   |     |    |
|---|-----|----|
| 4. Do you sense a call to ministry and can you articulate it? | Yes | No |
| 5. Please tell us about your educational background:          |     |    |

High School Graduate

College University (*Please specify below.*)

Berean / MS-SOM Courses (*Please specify below.*)

Other (*Please specify below.*)

6. What church do you currently attend?

## Marital Background

- |   |     |    |
|---|-----|----|
| 7. Are you Married?   | Yes | No |
| 8. Do you or your spouse have a former spouse still living? | Yes | No |

## Additional Information

- |  |     |    |
|--|-----|----|
| 9. Have you ever declared Bankruptcy?  | Yes | No |
| 10. Do you have any felony or misdemeanor charges on your record? If so, what? |     |    |