

FAITH BIBLE INSTITUTE

An extension campus of Faith Christian University

PLEASE PRINT

PERSONAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name (If applicable): _____

Address: _____

City/State/Zip: _____

Last 4 digits of your Social Security number: _ _ _ _

Home Phone: () _ _ _ - _ _ _ _

Work Phone: () _ _ _ - _ _ _ _

Cell Phone: () _ _ _ - _ _ _ _

Email Address: _____

Date of Birth: MM/DD/YYYY Place of Birth: _____ Parish _____

Marital Status: _____ Spouse Name (If applicable): _____

Student Occupation: _____

Place of Employment: _____

CHURCH INFORMATION

**Please be prepared to provide information regarding the following:

- 1) Your church affiliation if you **do not** attend Interdenominational Faith Assembly.
- 2) Date of personal salvation (month and year).
- 3) Brief Salvation Testimony.