

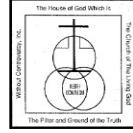
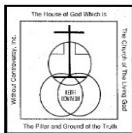
THE HOUSE OF GOD

Which Is the Church of the Living God

The Pillar and Ground of the Truth Without Controversy, Inc.

Keith Dominion

P.O. Box 22675, Nashville, TN 37202-2675



Bishop Dr. C. K. Butler, Chief Overseer-Senior Bishop

COURTESY WELFARE REQUEST REVISED APPLICATION

Date: _____

Name: _____ Phone Number: _____

Address: _____
(Street) _____ (Apt) _____ (City) _____ (State/ Zip Code) _____

State Bishop: _____ Phone Number: _____

Local Pastor: _____ Phone Number: _____

Band Name: _____ Phone Number: _____

Specify need (e.g. Major Surgery, Fire, Flood, or Disaster). _____

If hospitalized, how long in hospital? _____

1. If illness, was it: Long Term or Short Term? (Circle One) _____

2. Are you presently under doctor's care? Yes or No (Circle One) _____

3. Did your insurance cover all of your expenses? Yes or No (Circle One) _____

4. If no, please explain need: _____

5. Have you ever received assistance from your Local or Diocese Courtesy Welfare? _____

If so, give each date of the contributions as well as the incident/s. (Use the reverse side or attach the required documentation). _____

Applicant's Signature: _____ Date: _____

Pastor's Signature: _____ Date: _____

State Bishop's Signature: _____ Date: _____

(Signature must be that of the presiding bishop. If unavailable to sign, info must have supportive documentation.)

FOR OFFICIAL USE ONLY

Date Received _____ Date Processed: _____ Amount: _____