



Center: R.C.C.G Restoration House Brantford.

Admission No: _____

APPLICATION FORM

Please answer all questions truthfully. Any false information automatically disqualifies an applicant.

(Section I) PERSONAL INFORMATION

NAME: AKINWUNMI OLUNWAGBENGA LOTIMI
Lastname Firstname Middlename

MAILING ADDRESS: 472 BLACKBURN DRIVE

BRANTFORD ONTARIO N3T 0P4.
CITY STATE ZIP CODE

RESIDENTIAL ADDRESS: 472 BLACKBURN DRIVE, BRANTFORD
ONTARIO N3T 0P4

DATE-OF-BIRTH: OCTOBER 14TH GENDER (Male/Female): MALE

MARITAL STATUS (Single/Married/Separated/Widowed/Divorced/Engaged): MARRIED

NATIONALITY: CANADIAN ETHNIC ORIGIN: YORUBA

PHONE-CELL: (519) 466-1082 HOME: — OFFICE: —

Email Address: protocol072002@yahoo.com

(Section II) SPIRITUAL EXPERIENCE

Have you been born again (Yes/No): YES

If yes, WHEN? 2015 WHERE? CANADA

Have you been baptized in the Holy Ghost (Yes/No)? YES

If yes, WHEN? 2016 WHERE? CANADA

Have you been baptized in water by immersion? (Yes/No)? YES

If yes, WHEN? 2016 WHERE? CANADA

Church Name/Location: RHB BRANTFORD Pastor's Name: OLUNWASEYI AKINBIYI

