Personal Information Sheet for Travelers---Benevolence Committee Expenditure limit \$_____

Name:			
Address:Street	Zip	Tel.#	
Date of birth:	Social Security #	Number of pers	sons in need:
Please list any friends	s or relatives that you have in this in	mmediate area.	
Name	Address		Are they Christians?
1			
2			
What is your total far	mily income? \$		
Please tell us where y	you came from, and where you are	going.	
Origin:	Destination	n:	
	YesNo Are you sure of y		
Please explain the pu	rpose of your travel.		
Have you recently ap	mission to contact local law authorplied for help from other sources?	If so, to whom, and	
	applied for help from our church?		
What is your request	at this time?		
	nces to confirm your history and no	eed:	
Name	Address		Tel.#
3			
Interviewed by	Date	Action Taken:	