

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

Name:_____

Address:Street_____

City_____

Zip_____ Tel.#_____

Date of birth:_____ Social Security #_____

Number of persons in need:_____

Please list any friends or relatives that you have in this immediate area.

	Name	Address	Are they Christians?
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

What is your total family income? \$_____

Please tell us where you came from, and where you are going.

Origin:_____

Destination:_____

Are you a Christian? Yes___No___ Are you sure of your eternal salvation?

Yes___No___

Please explain the purpose of your travel.

Do you have any legal charges pending against you? Yes___ No___

If so, where?_____

Do we have your permission to contact local law authorities to verify this if needed?

Yes___No___

Have you recently applied for help from other sources in our area? If so, to whom,
and what did they do?_____

Have you previously applied for help from our church? Yes____No____

What is your request at this time?

Please give us references to confirm your history and need:

Name	Address	Tel.#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Interviewed by _____ Date _____ Action Taken:

5/02