



LIFE MINISTERIAL FELLOWSHIP INTERNATIONAL  
SAND SPRINGS, OKLAHOMA USA

PO Box 1220  
Sand Springs, OK USA 74063  
(918) 245-0262 Fax (918) 245-2710

# CONFIDENTIAL QUESTIONNAIRE

## *Business Person's Recommendation For Ministerial Certificate*

I have known \_\_\_\_\_ for a period of \_\_\_\_\_ years.

I have known the applicant as a  Minister  Friend  Relative  Other \_\_\_\_\_

The relationship was  Intimate  Casual  Professional

To the best of my knowledge and judgment the applicant is: (check one box in each line)

|                                  | Excellent                | Good                     | Fair                     | Questionable             | Poor                     |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| In Christian life and testimony  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In ability to minister           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In conduct and moral attitude    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In accepting responsibility      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In meeting financial obligations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In personal appearance           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In family relationships          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In physical fitness              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you recommend the applicant for membership in the Life Ministerial Fellowship International without reservation? Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

LMFI ID# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_