

SOZO Ministry APPLICATION

Please Print: _____ Date of Application: _____

Name: _____ Age: _____ Male Female

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Church Attending: _____

Pastor's Name: _____ Phone #: _____

Who referred you to SOZO ministry? _____

Why would you like to receive a SOZO?

Have you received ministry from Our Father's House SOZO Team in the past?

Yes No Approx. date of ministry: _____

Are you presently or have you in the past, received ministry/counseling? Yes No

If yes, with whom? _____ Approx. date of ministry _____

Are you a member of a House Church of Our Father's House? Yes No

If yes, which one? _____

Will you be able to fast or pray one week before your SOZO? Yes No

Ask the Lord what He wants you to fast. For example, it can be fasting one meal a day or fasting watching TV.

Return this application to:

Our Father's House/Attention: SOZO Ministry
535 Cassia Blvd.

Satellite Beach, FL 32937

(Office) 321-777-0057

(Email) office@ofhsb.org