

CHURCH VERIFICATION FORM

CORNERSTONE HOMESCHOOL COVERING 2020-2021

Name: _____

I/We Attend: _____

Denominational Affiliation: _____

Church Address: _____

City: _____, TX Zip: _____ Email: _____

The pastor of your church, a church officer (if you are the pastor), or some other person to whom you are accountable (if you are in a mission church or church planting effort) must complete the Church Leader Verification section below.

Church Leader Verification

_____ Pastor _____ Church Officer _____ Person to whom you are accountable

To the best of your knowledge, does the member(s) listed above:

	YES	NO
Participate in the church or fellowship you attend?		
Attend services at least three weeks each month (except for illness, travel, etc.)?		
Abstain from the use of tobacco and illegal drugs?		
Abstain from consumption of alcohol or consume alcohol only in careful moderation?		
Abstain from any sexual activity outside of tradition Biblical marriage?		

Leaders Name
(Must not be yourself or another member of your immediate household.)

Phone

Leaders Signature

Date