



**Mount Moriah Baptist Church  
1636 East Capitol Street, NE  
Washington, DC 20003**

**Ministry Form**

Today's Date: \_\_\_\_\_

I would like to become a disciple of the \_\_\_\_\_  
In so doing, I promise to give my full and sincere dedication and cooperation to this ministry.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Tel#: \_\_\_\_\_ Work Tel#: \_\_\_\_\_

Cell Tel#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Disciple's Signature: \_\_\_\_\_

***To Be Completed By Church Leadership Only***

Ministry Leader's Signature: \_\_\_\_\_

*Date Form Submitted to Christian Education Ministry:* \_\_\_\_\_

Signature of Christian Education Ministry: \_\_\_\_\_

*Discipleship Courses Completed ( ) Yes or ( ) No* \_\_\_\_\_

*Date Form Submitted to Deacon Ministry:* \_\_\_\_\_

Signature of Deacon's Ministry Chairperson: \_\_\_\_\_

*Deacon Ministry ( ) Approved ( ) Rejected Date:* \_\_\_\_\_

Signature of Church Clerk: \_\_\_\_\_

*Date of Right Hand of Fellowship for Ministry:* \_\_\_\_\_