

Maple Springs Baptist Church

4131 Belt Road

Capitol Heights, MD 20743

MINISTRY INFORMATION REQUEST FORM

DATE OF REQUEST: _____

NAME OF MINISTRY: _____



NAME OF MEMBER: _____

CONTACT TELEPHONE NUMBER: _____ Cell Home Work



Please, describe the specifics of the report/listing you are requesting:

How will this information be used?:



APPROVAL OF PASTOR:

SIGNATURE: _____

DATE SIGNED: _____

◆◆◆◆◆ TO BE COMPLETED BY DATA AUTOMATION MINISTRY ONLY ◆◆◆◆◆

DATA AUTOMATION MINISTRY APPROVAL:
COMPLETED BY: _____
SIGNATURE: _____ **DATE SIGNED:** _____
INFORMATION SUBMITTED TO REQUESTOR ON: _____