SPEAKER AND INTERPRETER RATINGS

(Read *Instructions for Rating Speakers and Interpreters* [S-315i] carefully before completing this form.)

Congregation: _____ Date filled out: _____
(Name) (City) (Province or state)

		INV	TLK	INP	ADDITIONAL CLARIFYING REMARKS
Name:					
Date of birth:	Race:				
Date of baptism:	Gender:				
Home phone:	Mobile phone:				
E-mail:	Language:				

		INV	TLK	INP	ADDITIONAL CLARIFYING REMARKS
Name:					
Date of birth:	Race:				
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Home phone:	Mobile phone:				
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		INV	TLK	INP	ADDITIONAL CLARIFYING REMARKS
Name:					
Date of birth:	Race:				
Date of baptism:	Gender:				
Home phone:	Mobile phone:				
E-mail:	Language:				

Note: This completed form should be sent to your circuit overseer, not to the branch office.

_____ _____ _____
(Coordinator of the body of elders) (Life and Ministry Meeting overseer) (Auxiliary counselor or other elder)