RECOMMENDATIONS FOR APPOINTMENT OF ELDERS AND MINISTERIAL SERVANTS

(Congregation name)		(City)			(Province or state)	(Congregation number)
Week of visit://						(Circuit number)
		ELDI	ERS			
First Name	Middle Name	Last Name	Suffix (Jr., III, etc.)	Birth Date (Month/Day/Year)	Baptism Date (Month/Day/Year)	Requesting Appointment Between Visits*
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
		MINISTERIAI	SERVANTS			
First Name	Middle Name	Last Name	Suffix (Jr., III, etc.)	Birth Date (Month/Day/Year)	Baptism Date (Month/Day/Year)	Requesting Appointment Between Visits*
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
* If requesting an app	pointment between visits, in	clude a letter of recomm	endation from th	e brother's previou	s Congregation Se	ervice Committee.
(Coordinator of the body of elders)		(Secretary)	(Service overseer)			(Date)