

Kingdom Ministries
PO Box 1393

BRADFORD

BD5 5FT

enquires@kingdom-ministries.org.uk

www.kingdom-ministries.org.uk

BETHEL SOZO MINISTRY APPLICATION

Name: _____

Date of Application: _____

What type of Sozo : Childrens/ Sozo/ Financial/ Couples

Address: _____

Town: _____ Post Code: _____

Email: _____

Phone (Home or Mobile): _____

Gender (male/female) _____ Age _____

Church Attending: _____

How long have you been at this church? _____

Have you had a Sozo before? _____ If yes when/were _____

Why would you like to receive a Sozo? _____

Who referred you to the Bethel Sozo Ministry? _____

Do you attend a cell group or home group? Yes _____ No _____

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If not we strongly recommend you find one. We recommend that you share with someone you trust what happened during your Sozo so that you will have someone to pray with and hold you accountable (this person should not be who you consider your "best friend").

Will you be able to fast or pray at some during the week before your Sozo? Yes_____ No_____

Ask the Lord what He wants you to fast. It can be one meal a day or fasting watching TV

If you have any medical conditions which you would like to mention then please write them here_____

For the value of the time spent ministering to you, there is a suggested donation of £35.00. You may send the donation when you return this application and the signed Liability Release form to the above address. Please make cheques payable to Kingdom Ministries.

- 1.) **Note:** The Sozo Ministry used is modeled on the Sozo Ministry of the Transformation Centre at Bethel Church, Redding CA 96003, USA
(www.ibethel.org)