

MT. ZION MISSIONARY BAPTIST CHURCH
DEACON REQUEST FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

DATE: _____

*Place an (x) by the name of the
Deacon of your choice.*

_____ DEACON HERCULES GARRICK

_____ DEACON RODNEY NATHANIEL

_____ DEACON ELIJAH LEWIS

_____ DEACON JAMES NEAL

_____ DEACON ROBERT DIX

_____ DEACON ROBERT NICKELSON

_____ DEACON RICKY SCOTT

_____ DEACON JOHNNY JONES

Copy to Office

Revised 02/20/2014