



## SOZO MINISTRY APPLICATION

Please Print: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Attending: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who referred you to Sozo ministry? \_\_\_\_\_

Why would you like to receive a Sozo?

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Are you presently or have you in the past received personal ministry/counseling?  Yes  No

If yes, approximate date(s) of ministry and brief description: \_\_\_\_\_

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Will you be able to fast or pray one week before your Sozo?  Yes  No

If yes, ask the Lord how you are to fast. (i.e. one meal a day or watching TV...)

***THERE IS NO CHARGE FOR OUR SOZO MINISTRY***

**Return this application to:**

Freedom Christian Center - Attention: SOZO Ministry  
7250 Lake Andrew Drive, Melbourne, FL 32940

Email: [sozo@houseoffreedom.org](mailto:sozo@houseoffreedom.org) | Fax: 321.622.6995 | Office: 321.622.6999