

FUNDAMENTALS OF THE FAITH

Date _____

Name _____ FOF Teacher's Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Occupation _____

Bible Studies _____

If attending, please indicate: ☐ Home Bible Study ☐ Career ☐ College ☐ Other _____

If attending Grace Church Fellowship Group, please tell us which one: _____

Please Check Your Age Group

Single		Married	
<input type="checkbox"/> 18-24	<input type="checkbox"/> 40-50	<input type="checkbox"/> 20-30	<input type="checkbox"/> 40-50
<input type="checkbox"/> 24-28	<input type="checkbox"/> 50-65	<input type="checkbox"/> 30-35	<input type="checkbox"/> 50-65
<input type="checkbox"/> 28-40	<input type="checkbox"/> 65+	<input type="checkbox"/> 35-40	<input type="checkbox"/> 65+

1. Suppose you were to die tonight and stand before God and He were to say to you, "Why should I let you into My heaven?," what would you say? _____

2. I am ☐ sure or ☐ doubtful of my salvation.
3. How long have you been a Christian? _____
4. Will Christ ever leave you once you receive Him? _____
5. Are you a member of Grace Community Church? _____
6. Have you ever been baptized as a Christian? _____
7. How did you hear about the Fundamentals of the Faith class? _____

[illegible]**STUDENT**



[illegible][illegible]