

BIBLE CONTENT EXAMINATION

Name: _____

Address and telephone: _____

Date of Administration of the Examination: _____

Results of the Examination:

Old Testament _____ % correct (of _____ questions)

New Testament _____ % correct (of _____ questions)

Remarks:

(If appropriate, please amplify the above numerical results in any way that you think useful for the deliberations of the Commission on Ministry.)

Signature of Administrator: _____

Date: _____

**Please return this form directly to the Vocations Office, 1055 Taylor Street,
San Francisco, California 94108**