



Pilgrim Rest Baptist Church  
Dr. Terry E. Mackey, Senior Pastor  
**2021 Christmas Blessing Form**

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**Please complete this form in its entirety.**

**The deadline to submit this form is no later than Monday, December 13th by 12pm (noon).**

**Please email this form to [rcarnes@pilgrimrestphx.org](mailto:rcarnes@pilgrimrestphx.org) or physically drop it off at the receptionist desk at The Word Center during business hours, Monday to Friday.**

**PLEASE PRINT CLEARLY**

*The submission of this form does not guarantee selection.* \_\_\_\_/\_\_\_\_/\_\_\_\_ (please initial & date)

Nominator's Full Name: \_\_\_\_\_

Date Nominator joined Pilgrim Rest? \_\_\_\_/\_\_\_\_/\_\_\_\_

Nominator's Email Address: \_\_\_\_\_

Phone Number(s)-Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Please list the ministries in which you currently serve.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Nominee's Full Name: \_\_\_\_\_

Pilgrim Rest Member? Yes or No (circle one)

Nominee's Email Address: \_\_\_\_\_

Phone Number(s) Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Marital Status: Married      Single      Divorced      Separated      Widowed      Living-together

If married, spouse's name: \_\_\_\_\_ # of children at home: \_\_\_\_\_

Name(s) of Children: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_





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*Please do not write below this line.*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved: Yes No