

Testimony Form



connecting
you to God
developing
you for influence

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Name:	
Phone:	
Email:	
Address:	
City/State/Zip:	

My Testimony

1. What illness did you have before God healed you?

2. Describe how you felt and what happened when Pastor Tracey, Pastor Nathalie, or their team prayed for you.

3. Are you completely healed right now?

4. How do you know you are healed? (Is the pain gone? Have the symptoms subsided?)

NOTE: IF POSSIBLE PLEASE ATTACH A PICTURE AND ANY MEDICAL REPORTS THAT WE CAN KEEP ON FILE.

My Permission:

I give the **CITADELCHURCH** my permission to use for any purpose the testimony which I have recorded today, whenever in full or abbreviated form, whether in print or told verbally, as well as any reproduction of my likeness in any form of media (including but not limited to television, film, radio, or recording and literature), and do hereby grant, convey, and relinquish to **CITADELCHURCH** all rights that I may have in any television, film, internet, radio, recording or printed version of this testimony. This release shall be binding upon heirs, personal representatives, successors, and assignees.

Signature:

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