



WENDY MITCHELL MINISTRIES, INC. (WMMI)

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DESTINY POINT MINISTRIES
SPIRITUAL MIDWIFE APPLICATION



1. Name:
(Last) (First) M.I.

2. Address:

City State Zip Code

3. Contact Numbers: (H) (W) (C)

4. E-mail Address:

5. Marital Status: (check one) ☐ Single ☐ Married ☐ Divorced ☐ Widowed

a. If married, what is your Spouse's Name:

6. Place of employment:

7. Have you accepted Jesus Christ as your Lord and Savior? ☐ Yes ☐ No

8. If so, when?

9. Are you interested in becoming a Spiritual Midwife? ☐ Yes ☐ No

b. What is your definition of a Spiritual Midwife?

c. Please explain why would you like to become a Spiritual Midwife?

Signature:

Date:

For Destiny Point Ministries Staff use only.

Accepted ☐ ☐ (Yes) ☐ (No)

Date Signature