

Global Celebration Testimony Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

My Testimony:

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

2. Describe how you felt and what happened when you were ministered to during the Service.

3. What Service did you get healed at?

Date: _____ City: _____

4. Are you completely healed right now?

5. 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 or mail to:

Global Celebration
P.O. Box 755, Valrico, FL 33595-0755

My Permission:

I give Global Celebration my permission to use for any purpose the testimony which I have recorded today, whether 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 Global Celebration all rights that I may have in any television, film, radio, recording or printed version of this testimony. This release shall be binding upon heirs, personal representatives, successors, and assignees.

Signature _____ Date _____

