

QUESTIONNAIRE ON PUBLISHERS CONVERSANT IN ANOTHER LANGUAGE

The branch office is interested in locating qualified publishers who speak a language that is not being cared for by a congregation or group in your area. If you have any such publishers in your congregation who are willing to follow up on interested persons who speak another language, **please return this completed form to the Public Witnessing Desk** using the jw.org Inbox feature.

.....
(Congregation name, city, province or state)

.....
(Congregation number)

Instructions:

- Type or print clearly the name of your congregation and its number.
- Type or print clearly the language and name of the publisher(s) who is conversant in the language. If the publisher serves as an elder, a ministerial servant, or a regular or special pioneer, indicate the position by using (E), (MS), or (PIO) after the name.
- Only list qualified publishers who are willing and able to participate. If the publisher would like to participate but the elders feel that he does not qualify, explain to the publisher why he will not be recommended.
- Check the appropriate box as to the publisher's ability to speak, read, write, and translate the language. The publisher should be sufficiently conversant to teach someone Bible truth in that language.
- If the publisher moves or is no longer qualified due to judicial action or some other reason, please inform the Public Witnessing Desk.
- There is no need to return the questionnaire if no publisher qualifies to participate or is able to do so.

Name of language:						
Name of publisher(s)	Date of birth	Gender	Speaks	Reads	Writes	Can translate into English
 / / (Month) (Day) (Year)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
 / / (Month) (Day) (Year)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
 / / (Month) (Day) (Year)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 / / (Month) (Day) (Year)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
 / / (Month) (Day) (Year)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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(Secretary)

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(Date)