

Results of Spiritual Gifts Test

Name _____

Telephone _____

Church _____

Email _____

Please list below the six highest gifts on your Spiritual Gifts Inventory Test. Also, please list the number of points scored on each gift. Turn in this sheet to the pastor or head elder of your church.

Gifts	Number of Points
1.	
2.	
3.	
4.	
5.	
6.	