

LAY MINISTER'S APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL _____

DATE OF BIRTH _____ MALE FEMALE

SINGLE MARRIED WIDOWED DIVORCED DIVORCED/REMARIED

How long have you been

Saved _____ Sanctified _____ Filled with the Holy Ghost _____

Have you been baptized in water? _____

If so, by whom _____

How long have you been a member of the Church of God of Prophecy? _____

Do you feel a definite call to the ministry? _____

Do you have previous experience in the ministry? _____

Will you apply yourself to study courses available through the Church? _____

(Your pastor will familiarize you with these courses.)

Signature of Applicant

Date

CHURCH/PASTOR ENDORSEMENT

(To be completed by the pastor)

The local church at _____

has considered the calling and ability of this applicant and hereby recommends that a Lay Minister's

certificate be issued to _____

Date of Conference _____

Signature of Pastor _____

Date _____

SEND COMPLETED FORM TO THE STATE/REGIONAL/NATIONAL OVERSEER