

**PA COMMONWEALTH ECCLESIASTICAL JURISDICTION  
C.O.G.I.C.**

Place photo  
here

\_\_\_\_ORDINATION  
\_\_\_\_LICENSURE

**APPLICATION FOR ORDINATION/LICENSURE**

NAME \_\_\_\_\_  
PRINT NAME AS YOU WISH IT TO APPEAR ON CREDENTIALS

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
INCLUDE ZIP CODE

TELEPHONE NUMBERS \_\_\_\_\_  
HOME/CELL/WORK/INCLUDE AREA CODE

EMAIL ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
(MARRIED/NEVER MARRIED/SEPARATED/DIVORCED/WIDOWED)

NAME OF SPOUSE \_\_\_\_\_ CHILDREN? \_YES\_ \_NO\_. HOW MANY? \_\_\_\_\_

CHURCH NAME AND ADDRESS \_\_\_\_\_ YEAR YOU JOINED \_\_\_\_\_  
\_\_\_\_\_  
INCLUDE ZIP CODE

PASTOR'S NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DISTRICT \_\_\_\_\_

SUPERINTENDENT'S NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DISTRICT MISSIONARY'S NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

**NAMES AND DATES OF PREVIOUS CHURCH AFFILIATIONS. BE SPECIFIC.**

**HAVE YOU BEEN ORDAINED OR LICENSED IN ANOTHER JURISDICTION OR DENOMINATION? LIST ANY CREDENTIALS RECEIVED. BE SPECIFIC; INCLUDE DATES. PLEASE ATTACH COPIES OF ANY OTHER CREDENTIALS RECEIVED.**

**CURRENT CHURCH ACTIVITIES. LIST ALL ACTIVITIES. ASTERISK ANY ACTIVITIES IN WHICH YOU HAVE LEADERSHIP.**

**(OVER PLEASE)**

**EDUCATIONAL HISTORY. LIST NAME OF SCHOOL, DIPLOMA/CERTIFICATE/DEGREE, YEAR OF COMPLETION**

**HIGH SCHOOL** \_\_\_\_\_  
**COLLEGE** \_\_\_\_\_  
**SEMINARY** \_\_\_\_\_  
**CERTIFICATE PROGRAM** \_\_\_\_\_

**OTHER CERTIFICATIONS. HAVE YOU BEEN CERTIFIED IN ANY AREA OF THE CHAPLAINCY OR COUNSELLING? IF SO, BY WHOM? WHAT CERTIFICATIONS DO YOU HAVE? BE SPECIFIC. ATTACH A COPY OF SUCH CERTIFICATIONS.**

**MILITARY HISTORY. PLEASE DETAIL ANY MILITARY EXPERIENCE YOU MAY HAVE.**

**ADDITIONAL INFORMATION.**

**ARE YOU CURRENTLY UNDER TREATMENT FOR ANY PHYSICAL OR PSYCHOLOGICAL CONDITION THAT WOULD HAVE ANY IMPACT ON YOUR ACTIVITIES AS IT RELATES TO MINISTRY? \_\_\_\_ YES. \_\_\_\_ NO. IF YES, PLEASE EXPLAIN.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PASTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

---

(DO NOT WRITE BELOW THIS LINE)

Ordination \_\_\_\_\_ Licensure \_\_\_\_\_ Transfer \_\_\_\_\_ Fee Paid \_\_\_\_\_ Letter of Recommendation \_\_\_\_\_ Sermon \_\_\_\_\_ Photo \_\_\_\_\_  
Statement of Call \_\_\_\_\_ Statement of Faith \_\_\_\_\_ Pastor's Questionnaire \_\_\_\_\_ Pastor's Summary \_\_\_\_\_ Order of Worship \_\_\_\_\_  
Church History \_\_\_\_\_ Clearances/certificates \_\_\_\_\_ National COGIC License Number \_\_\_\_\_  
Admission Status: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Pending \_\_\_\_\_