

**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 _____