

APPLICATION FOR UPGRADE TO ORDINATION

This form is to be used only by the applicant who currently holds a Ministry License credential with the Assemblies of God and now desires to upgrade to Ordination. Applicants for credentials should read carefully the qualifications in the General Council and the district council bylaws. After all questions have been fully considered and answered, this application should be returned to the district secretary's office. This and any other required application forms must be completed prior to an interview being scheduled with the district credentials committee. A signed and notarized authorization and release form for you (and your spouse) must be submitted with your application. If a copy of your Social Security card is not on file with your district, please provide one.

This application should be accompanied by a credential fee of \$ _____

Please Print:

Account number _____
(from Fellowship Card)

**PLEASE ATTACH
PHOTO**

(Please do not staple)

To be used in your
permanent records

1. Full Name _____
2. Mailing Address _____
Physical Address _____
City, State, Zip _____
E-mail 1 _____ E-mail 2 _____
Home Phone _____ Cell Phone _____
3. Date of birth _____ Social Security No _____
4. Have you experienced any marital status change since your first application for credentials? yes no
If yes, please explain. _____
5. Present marital status: Single Married Divorced Widowed
6. Gender at birth Male Female Spouse gender at birth Male Female
7. Full name of spouse _____
8. Spouse's date of birth _____ Spouse's place of birth _____
9. Date of marriage _____ Has your spouse ever been divorced? yes no
10. Does your spouse hold credentials? yes no Type _____
11. Name and birth dates (mm/dd/yy) of children _____
12. What is your ministry position? _____
Where? _____
13. What other ministry have you engaged in since you were granted your present credential? _____

14. List all college, correspondence courses, seminars, or conferences you have participated in since receiving your present credential. **(Attach all new or updated transcripts to this application.)** _____

15. What ongoing mentorship relationships do you have in place? _____

16. What plans do you have to continue developing your ministry leadership? _____

17. Do you consent to a required General Council mandated background check including credit history? yes no
If your answer is no, your application will not be processed.

Your signature: _____ **Date:** _____

Please make sure you complete the back side of this form.

REFERENCES:

Give as references the names and addresses of four ordained ministers (one of whom may not be Assemblies of God). If the applicant is not a senior pastor, one of the ministers listed as a reference should, if possible, be the applicant's senior pastor.

ORDAINED MINISTERS

- 1. Name _____ Church _____
 Address _____
 Street _____ City _____ State _____ Zip _____
 Daytime phone: _____ Email _____
- 2. Name _____ Church _____
 Address _____
 Street _____ City _____ State _____ Zip _____
 Daytime phone: _____ Email _____
- 3. Name _____ Church _____
 Address _____
 Street _____ City _____ State _____ Zip _____
 Daytime phone: _____ Email _____
- 4. Name _____ Church _____
 Address _____
 Street _____ City _____ State _____ Zip _____
 Daytime phone: _____ Email _____



THIS SECTION TO BE COMPLETED BY DISTRICT OFFICE ONLY

OFFICIAL ENDORSEMENT:

All references were reviewed, and none contained information suggesting that the applicant is unfit for ministry.

Exam Grade: Current Exam _____ Polity/Personal Life (if coming from the Certified level) _____

Date of interview by district credentials committee: _____

The _____ District Council approved did not approve this candidate

On _____, 20____ for recommendation to the General Council for _____,

and applicant will be publicly ordained/recognized on _____, 20____.

Certificate should be dated: _____

Signed: _____

District Secretary or District Superintendent